Book of Abstracts

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What is a “normal” masculine chest? Findings from an anthropometric study of cisgender men and implications for transgender chest wall masculinization surgery.

Thursday, 11th April - 08:40: Surgeons Only Session I: trans men (Bramante 15)

Tim van de Grift [1], Floyd Timmermans [1], Merel de Heer [1], Mark-Bram Bouman [1], Margriet Mullender [1]

1. *VU Medical Center*

Background

Introduction: Two aims of chest wall masculinization surgery in trans men are to remove feminine breast tissue and to place the nipple-areolar complex (NAC) in a masculine position. Yet, little is known of what is a “normal” masculine chest constitutes.

Objective: In order to improve surgical counseling and operative decision-making, the aim of this study was to collect normative data on breast volume and NAC position in cisgender men. Also, anthropometric chest characteristics were related to other physical characteristics.

Methods

Methods: Between September 2017 and December 2017, cisgender male volunteers from the VU University Medical Center and Medical School were approached to participate. Participants with preexisting thorax trauma or surgery were excluded. Data collection included standardized manual assessment and 3D photography of the thorax. From both sources, data on position of the NAC, umbilicus, sternal notch and axillary fold were collected. Also data on areolar size and shape were collected. In order to measure body type, chest circumference, waist-hip ratio and leg lengths were determined. Lastly, participants filled out a short survey on ethnicity, highest weight and sport habits. Descriptive statistic were performed after which a backwards selection multiple regression analysis was conducted to determine a prediction model for inter nipple distance and NAC position. Analysis of the prediction of chest volume is still in progress.

Results and Conclusions

Results: A total of 68 cisgender men participated in the study. Substantial variability in NAC position was observed: the absolute inter nipple distance ranged between 18.8 and 28.3 cm (M=22.6). Similarly, areolar diameters ranged between 1.3/1.8 and 4.2/3.9 cm (left/right, M=2.7) (Figure 1). The inter nipple distance was predicted by the chest circumference, umbilicus to anterior axillary fold length and Caucasian ethnicity. The relative NAC position was predicted by BMI, umbilicus to anterior axillary fold length and inner leg length. No statistically significant independent effects of other variables were observed. When testing the final NAC prediction model on the dataset, the model showed good internal validity (small discrepancies). No outcomes of similar analyses of breast volume have been produced yet.

Conclusions: The present study indicates that there is no such thing as a uniform “normal” masculine chest for everyone. However, the model showed good predictive value in the present data set, suggesting that masculine NAC position can be predicted adequately based on other body characteristics. These findings may assist clinicians in surgical decision-making and counseling trans men on the variability of the male thorax.

Chest reconstruction and chest dysphoria in trans masculine minors and young adults

Thursday, 11th April - 08:45: Surgeons Only Session I: trans men (Bramante 15)

Johanna Olson-Kennedy [1]

1. *Children's Hospital Los Angeles/University of Southern California*

Background

As transgender visibility has increased over the past decade, growing numbers of transgender and gender non-binary youth are presenting at specialized clinics seeking care related to phenotypic gender transition. Despite the fact that the average age of referral is dropping, the developmental stage that most patients are in at the time of entry into medical care necessitates future surgical intervention to change undesired secondary sex characteristics. For those assigned female at birth who identify on the transmasculine spectrum, gender confirmation procedures commonly include male chest reconstruction. Chest dysphoria, the distress that arises from having a female chest contour, is a common clinical concern for transmasculine adolescents and young adults. While a decent body of literature exists examining the outcomes of transgender related surgeries in patients over the age of majority, no data has been published concerning the outcomes of these procedures among minors. Existing professional guidelines regarding surgical interventions lack clarity, and leave medical providers uncertain about referring minors for chest surgery. This pilot study aimed to quantify the impact of male chest reconstruction on chest dysphoria in this population and included the development of a "chest dysphoria" measure.

Methods

The chest dysphoria scale was developed by experienced clinicians and includes 17 Likert scale questions that span domains commonly impacted by chest distress. The domains include emotional well-being, physical well-being, recreational, occupational, social life and relationships was created and administered to 68 pre-surgical and 68 post-surgical transmasculine youth and young adults between the ages of 13 and 24 years. Higher composite scores on the scale correspond with greater chest dysphoria, with a range from 0 (lowest) to 51 (highest). Pre-surgical participants were asked about their desire for surgery, and the post-surgical survey queried satisfaction with surgery, side effects and desire for future surgeries related to gender dysphoria.

Results and Conclusions

Half of the 136 participants were post-surgical, thirty-three were minors (49% post-surgical) at the time of surgery. Chest dysphoria composite score mean was 29.6 for participants who had not yet undergone chest reconstruction, significantly higher than those who had undergone this procedure (3.3; $p<.001$). Among the non-surgical cohort, 64 (94%) perceived chest surgery as very important, and chest dysphoria increased by 0.33 points each month that passed between initiation of testosterone and the time of survey. The most common complication of surgery was loss of nipple sensation. Comparisons between the pre and post surgical groups across all domains are significant, and highlight the impact of chest dysphoria on those youth who have not undergone surgery. No youth reported regret about the procedure.

Results from the post-surgical cohort reflect the positive impact of male chest reconstruction witnessed in clinical settings, and might be useful for changing existing guidelines and recommendations for minors.

Masculinizing chest surgery in trans male patient: does large breast always correlate with postoperative loss of nipple sensation ?

Thursday, 11th April - 08:50: Surgeons Only Session I: trans men (Bramante 15)

Alexis Laungani [1]***, Oscar Manrique*** [1]***, Jorys Martinez-Jorge*** [1]

1. *Mayo Clinic*

Background

For most trans men, breasts are the cause of significant dysphoria. Chest surgery is the first important step in achieving a more masculine look, thus relieving some dysphoria and helping one to fulfill the criteria of living in the assimilated gender prior to potential genital surgery. Several algorithms have been proposed to discuss the type of subcutaneous mastectomy depending on the breast size and the skin elasticity. For large breasts with poor skin elasticity, the described gold standard technique remains the double subcutaneous mastectomy incision with free nipple graft. The main burden of this technique is the postoperative complete loss of nipple sensation.

Methods

We present a technique combining a subcutaneous mastectomy with the principles of a breast reduction with wise pattern and inferior pedicle. In this technique, the preoperative markings are similar to those of a well-known classic wise pattern breast reduction and inferior pedicle. The new nipple position is evaluated by different means. The large inferior flap is completely de-epithelialized.

Results and Conclusions

Plastic surgeons who perform a lot of breast surgery for cisfemale patients have a very good understanding of vascular anatomy of the breast. With the improvement of mastectomies and preservation of the nipple areola complex by the general surgeons, it has become a necessity to adapt plastic surgery techniques. This knowledge can be used to better serve our transgender patient. We described a subcutaneous mastectomy technique that allows preservation of the nipple sensation and reproducible even in large breasts.

Nipple sensation and appearance after chest wall reconstruction using the double incision mastectomy and inferior dermal flap technique. A prospective study from a single surgical center in a three year period.

Thursday, 11th April - 08:55: Surgeons Only Session I: trans men (Bramante 15)

Ioannis Ntanos [1], ***Grit Dabritz*** [1]

1. *North Manchester General Hospital*

Background

Many trans men express a preference to have nipple sensation preserved. This is due to the desire for functioning nipples as well as for sexual satisfaction. The inferior dermal flap technique appears to preserve nipple sensation in a large number of patients. All patients who wish to retain nipple sensation and have no contraindications are offered this technique in our unit.

Methods

Our service users are offered to complete a questionnaire six months after their operation at their final review appointment. The review included an interview regarding general health and physical well-being and a clinical examination. The date of surgery includes the period from October 2015 to February 2018 and date of review the period from April 2016 to August 2018.

Results and Conclusions

In total there were 66 bilateral and one unilateral case (total number of mastectomies 133). Nipple sensation was retained at least in one side in 87 mastectomies (65,41%) and bilaterally in 40 cases (60%). Nipple sensation was not retained in either side in 18 cases (27,27%). Qualitative parameters like response to cold and warmth was also reviewed with comparable results on both sides. The nipple appearance (user perception) was unchanged in 51 cases bilaterally (77.27%). No nipples were lost.

This surgical technique appears to have good results preserving nipple sensation in around two thirds of cases. It can safely be used in selective cases. Further studies are required to evaluate long-term nipple sensation and patient satisfaction.

Masculine chest wall contouring in trans men: a personal approach

Thursday, 11th April - 09:00: Surgeons Only Session I: trans men (Bramante 15)

Giulia Lo Russo [1], ***Sara Tanini*** [1]

1. *Depertment of Plastic and Reconstructive Microsurgery, Careggi University Hospital, Florence Italy.*

Background

The anatomical features of the chest identify an individual as male or female and even the smallest details of these features determine the appropriate appearance for each gender . The main goal is to masculinize the chest by removing the female contour. Chest contour, scar placement, scar shape, scar length, nipple-areola position, nipple size and the areola size are the key points.After the introduction of news details to perfect the technical surgery and the final results we have decided to analyzed the satisfaction and the social, physical and psychological improvement of our patients following chest masculinization surgery. To do that we have used the Breast-Q modified and adapted to this surgical procedures and elaborated with a personalized web application.

Methods

Between July 2013 and June 2019, 100 trans men underwent surgical procedures to create a masculine chest-wall contour. In our study, we analizes the all patients who have undergone chest surgery, we determine our flow chart and we use the breast-q adapted to our population to valuated the results. Furthermore we have published an anatomical study and statistical analysis support to create a method for repositioning the NAC that is applicable in the operating room, is easy, practical and reproducible without the use of formulas and based on an easily identifiable landmark.

Results and Conclusions

The patients' survey revealed a high satisfaction rate with the aesthetic result. We use the double incision method for most of the cases, reserving the periareolar technique for the very small size breast.

The authors propose a new technical approach and indications for FtM transgender patients' surgery. A longer scar that emphasizes the pectoralis muscle, a smaller nipple and a resized and refaced areola are the key points of our technique to give a masculine appearance to the chest. Furthermore our anatomical study and statistical analysis support a consistent relationship between the position and shape of the NAC and the borders of the pectoral muscle. We have used this relationship to develop our "trick," which is easily applicable in the operating room to find the NAC position without using formulas and numbers. This method allowed us to place the NAC in a position very close to that of a typical male subject, and it permitted us to reduce the surgery time. The scars are permanent, but most of them will fade and the patients are enthusiastic with their new "male" chest appearance. The high level of satisfaction, the great aesthetic result and the low rate of complications suggest to us the use of this technique in even small and medium-size breasts.

Combined total laparoscopic hysterectomy and bilateral salpingo-oophorectomy with subcutaneous mastectomy in trans men: does the order matter?

Thursday, 11th April - 09:05: Surgeons Only Session I: trans men (Bramante 15)

Lian Elfering [1]***, Tim van de Grift*** [1]***, Mark-Bram Bouman*** [1]***, Norah Van Mello*** [1]***, Freek Groenman*** [1]***, Judith Huirne*** [1]***, Margriet Mullender*** [1]

1. *Amsterdam UMC, location VU University Medical Center*

Background

Subcutaneous mastectomy is the preferred gender affirming surgery in trans men and can be combined with a total laparoscopic hysterectomy with or without bilateral salpingo-oophorectomy (TLH ± BSO) in one single operation session. Research regarding the outcomes of this combined procedure technique is scarce and it is unknown if the order of the procedures matters when considering the rate(s) of complication. It is hypothesized that the rate of post-operative hematoma (or bleeding) after mastectomy may increase when mastectomy is performed first, due to the Trendelenburg position of the patient during TLH ± BSO.

Methods

Trans men who underwent bilateral subcutaneous mastectomy with TLH ± BSO between July 2012 and December 2017 in two hospitals in Amsterdam, The Netherlands, were identified. A retrospective chart review was performed, in which the order of procedures, peri- and post-operative bleeding and re-surgery were recorded. The primary outcome measures in this study were the incidence rate of post-operative bleeding and re-surgery of the breast needed.

Results and Conclusions

Two hundred and twelve trans men underwent combined mastectomy and TLH ± BSO. Of them, 34 (16.0%) developed a post-operative bleeding of the breast, 25 (16.4%) in the TLH/BSO-first group and 9 (15.0%) trans men in the mastectomy-first group ($p = 0.88$). Re-surgery of the breast during admission was needed in 21 patients (9.9%), n= 14 (9.3%) in the TLH/BSO-first group versus n = 7 (11.7%) in the mastectomy-first group ($p = 0.60$).

Conclusion: Based on these retrospective data is the order of procedures in combined mastectomy and TLH ± BSO not of influence on the post-operative bleeding of the breast or the incidence of re-surgery.

Vaginal remnants after gender affirmation surgery in trans men

Thursday, 11th April - 09:10: Surgeons Only Session I: trans men (Bramante 15)

Borko Stojanovic [1], Marta Bizic [1], Marko Bencic [1], Gradimir Korac [1], Svetlana Vujovic [2], Dragana Duisin [3], Dusica Markovic Zigic [4], Katarina Maksimovic [4], Marija Miletic [5], Milina Tancic-Gajic [5], Jasmina Barisic [6], Miroslav Djordjevic [1]

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Background

Removal of female genitalia is usually the first and very important step in gender affirmation surgery (GAS) in trans men. Closure of the vagina in our center is performed by colpocleisis, minimally invasive and efficient procedure. However, rejuvenation of vaginal mucosa may lead to various complications in these patients.

Methods

Between January 2010 and March 2018, 15 trans men, aged 21–36 years (mean age 30.5) presented with symptoms due to vaginal remnants after GAS. They previously underwent one-stage GAS, that included hysterectomy with bilateral oophorectomy, vaginectomy (colpocleisis), metoidioplasty and urethral lengthening. Complications occurred 3 to 16 months (mean 7 months) after GAS, and included perineal cyst formation, persistent perineal or urethral discharge, and/or localized perineal inflammation. All patients underwent surgical repair using perineal approach. Complete excision of cystic vaginal remnant is performed, followed by perineoplasty and urethroplasty.

Results and Conclusions

The mean follow-up was 40 months (ranged from 6 to 105 months). Successful outcome was achieved in all cases. All patients were free of symptoms after surgery, with a normal male appearance of perineal region and without urethral discharge. There have been no sings of recurrence so far.

Vaginal remnant may occur as a complication of colpocleisis, performed as a part of GAS in trans men. Complete surgical repair is necessary to eliminate this complication, without recurrence.

Vaginal colpectomy in transgender men; procedure and outcomes of a retrospective cohort study

Thursday, 11th April - 09:15: Surgeons Only Session I: trans men (Bramante 15)

Charlotte Nikkels [1], Mick van Trotsenburg [2], Judith Huirne [1], Mark-Bram Bouman [1], Robert De Leeuw [1], Norah Van Mello [1], Brechje Ronkes [1], Freek Groenman [1]

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Background

The individualized management of transgender men range from no physical changes to complete transition that includes hormonal therapy, mastectomy, hysterectomy, oophorectomy and genital surgery. Colpectomy, removal of the vaginal epithelium and closure of the introitus, may be performed because of a disturbed male self-image or vaginal discharge. Also risk reduction for fistula formation at the urethral-neo-urethral junction has become an important indication for performing colpectomy. Colpectomy via a vaginal/perineal approach is often thought of as a hazardous procedure due to its complexity and may lead to various complications such as bladder and bowel lesions, haemorrhage and fistula. The objective of this study is to describe our technique and report on the outcomes.

Methods

A single-center retrospective cohort study on all vaginal colpectomies was performed between January 2006 and April 2018.

Results and Conclusions

A total number of 143 vaginal colpectomies was performed. In 109 patients (76%) the procedure consisted of colpectomy only, while in 34 patients (23%) colpectomy was combined with other procedures. Mean length of the procedure was 132 minutes (±SD 62), median blood loss was 300 mL (IQR 250) and mean time of admission to the hospital was 3,6 days (±SD 1,9). In 15 patients (10%) per-operative major complications were reported and one per-operative minor complication (0,7%). Post-operative major complications were reported in 17 patients (12%) and post-operative minor complications in 50 patients (35%).

Conclusion: Vaginal colpectomy is a procedure with a high complication rate but advantages seem to outweigh disadvantages, both subjectively and objectively. In all but one no long-term sequelae were reported but the high complication rate and re-intervention rate should be discussed with patients who are considering to undergo this procedure. Future studies are needed to optimise the procedure and to determine the optimal approach and strategy.

The effect of colpectomy on the lower urinary tract function in transgender men: a prospective cohort study

Thursday, 11th April - 09:20: Surgeons Only Session I: trans men (Bramante 15)

Brechje Ronkes [1]***, Muhammed Al-tamimi*** [2]***, Garry Pigot*** [2]***, Norah Van Mello*** [2]***, Judith Huirne*** [2]***, Freek Groenman*** [3]***, Mark-Bram Bouman*** [2]

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Background

Background: Many transgender men who opt for genital gender affirming surgery (GAS) express the wish to be able to void while standing. To enable this, the urethra has to be lengthened. Urethral lengthening is considered to a significant challenge that is associated with a high complication rates of urethral fistula and strictures. These complications can results in personal distress and impede the possibility to void while standing. To reduce urethral fistula rate, a colpectomy is increasingly performed to obtain sufficient vascularized tissue for neo-urethra coverage. In elderly assigned women at birth, performing a colpectomy is associated with chronic urinary dysfunction. However, no data is available on urinary tract function in transgender men that undergo colpectomy.
Objective: To assess the effect of colpectomy on the lower urinary tract function in transgender men.

Methods

Methods: We prospectively assessed the lower urinary tract (LUT) function (e.g. uroflowmetry, post-void residual volume, international prostate symptom score and voiding diary) in transgender men before, and three months after colpectomy. Colpectomy surgical technique, complications and reoperations were recorded.

Results and Conclusions

Results: Thirty transgender men underwent colpectomy. Of 30 patients, 13 underwent (robot assisted) laparoscopic colpectomy and 17 patients had a vaginal procedure. Additional patients will be included and the final data will be presented at the EPATH Symposium.
Conclusion: Based on the preliminary data, (1) a colpectomy seems to be associated with urinary dysfunction postoperatively, and (2) (robot assisted) laparoscopic colpectomy seems to result in less urinary complications in comparison to a vaginal procedure

“Gender Confirming Surgery for trans men” - the Daverio all-in-one surgical concept -

Thursday, 11th April - 10:10: Surgeons Only Session II: trans men (Bramante 15)

Paul Daverio [1], ***Andreas Steiert*** [2], ***Michael Krüger*** [2]

1. *Swiss Medical network,* ***2.*** *MEOCLINIC BERLIN*

Background

Most centers for Gender Confirming Surgery perform female to male surgery in more than one stage, usually in the following steps: Mastectomy as a single procedure, sometimes with the Hysterectomy and Adnexectomy; Phalloplasty or Metaiodioplasty with or without Colpectomy. In this report we will introduce our All-in-One Concept in Female to Male Gender Confirming Surgery (FMGCS), regarding the feasibility in a realistic time slot of surgical duration in less then nine hours in order to avoid severe complications.

Methods

FMGCS is performed in an All-in-One Concept. The different parts of the surgery are split in different teams, working simultaneously. The All-in-One Surgery Concept includes the following surgery steps: Mastectomy, Colpectomy, complete Hysterectomy and bilateral Adnexectomy, proximal Urethroplasty and a microvascular Phalloplasty including a neopenile urethra as a tube-in-tube flap (Radial Forearm Free Flap, RFF). The arterial anastomosis is an end-to-side anastomosis with the femoral artery, the venous anastomosis is usually performed as an end-to-end anastomosis with saphena magna and accessories. The extended urethra allows to be shifted upwards in a new position to define the basis of the penoid together with the former clitoris. For sensitization of the penoid, a connection can be performed between the sensitive branches of the cutaneous antebrachii nerve of the RFF and the bilateral ilioinguinal nerves by fibrin glueing. The resulting cavum after Colpectomy is minimized and closed. The new scrotum is created by special preparation of the Labia Majora. The placement of an inflatable prosthesis is usually done after achieving of the sensitive penile innervation nine months after the All-in-One FMGCS.

Results and Conclusions

In more than 1000 cases of FMGCS, we performed 40% with the All-in-One surgical Concept. In the other FMGCS patients, the Mastectomy and the Hysterectomy had been done in a prior surgical procedure. We saw no severe complications based on the prolonged surgical approach. After twelve days, patients urinate in standing position and became outpatients two weeks after the operation. Most of them are back to work after four weeks. The low rate of complications will be discussed.

Conclusion:

Transgender surgery is a high specific surgery, belonging in expert’s hands. A FMGCS as an All-in-One surgical Concept is possible and safe. Most of the patients undergoing FMGCS are full time occupied in their business and career. For this reason, the downtime to get back in daily life is very important to realize the gender reassignment process. Finally, it is very relieving for the patients to conquer the FMGCS in only one surgical procedure, when they celebrate their “Man’s Birthday”, the day after surgery.

Combination phalloplasty in trans men: surgical methods and complications

Thursday, 11th April - 10:15: Surgeons Only Session II: trans men (Bramante 15)

Toshiyuki Watanabe [1]

1. *Okayama University Hospital*

Background

Phalloplasty with radial forearm flap(RF flap) using tube within a tube style technique is standard. But if the patient refuses to be done with forearm flap to avoid a large scar on the forearm, or is in a Allen's test negative case, we'll do pedicled anterolateral thigh flap (ALT flap) using the tube within a tube technique, or do flap combination phalloplasty. But in some cases, pedicled ALT flap can not be used from the variation of the blood vessel or flap thickness. In these cases, we do combination phalloplasty using combined one flap for the urethra formation and another flap for reconstruction of the penile shaft.We present this concept of adaptation.

Methods

The combination phalloplasty is performed when the patient wants to avoid a large scar on the forearm or in a Allen's test negative case or pedicled ALT flap using the tube within a tube technique can not be used from the variation of the blood vessel or flap thickness. The method of combination phalloplasty is that a small radial forearm flap is used only for urethro-plasty and another flap for shaft plasty, and that when a radial forearm flap is not used, more than two flaps are used to reduce morbidity of the forearm. The kinds of flaps ever used are RF flap,pedicled ALT flap,pedicled SCIP flap,and pedicled groin flap.

Results and Conclusions

We performed combination phalloplasty in 17 patients. The clinical disadvantages of combination phalloplasty are the technical complexity of the plastic surgery procedure and prolonged surgical operation times. In some cases, it was impossible to reconnect the nerves because of technical difficulties. Combination phalloplasty has any advantages such as it can gain the selection of donor flaps, it can reduce the donor morbidity of forearm, it can be used for Allen' test negative case, and pedicled ALT flap can not be used from the variation of the blood vessel or flap thickness. And it has some disadvantages prolonged operation time and complexity of the operative procedure. Combination phalloplasty is alternative useful technique.

Comparison of Radial Forearm Flap and Antero-Lateral Thigh Flap Phalloplasty: Analysis of 413 Cases

Thursday, 11th April - 10:20: Surgeons Only Session II: trans men (Bramante 15)

Karel Claes [1], ***Stan Monstrey*** [2], ***Edward De Wolf*** [2], ***Salvatore D'Arpa*** [3]

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Background

This study aims at comparing outcomes of anterolateral thigh (ALT) flap phalloplasty and of radial forearm flap (RFF) phalloplasty. ALT flap phalloplasty is gaining increasing popularity in gender confirming surgery. This is the largest series comparing ALT flap phalloplasty and RFF phalloplasty .

Methods

Four-hundred-thirteen phalloplasties were performed at a single institution between 2004 and 2016 (320 RFF, 93 ALT). Flap survival, urinary complications (fistulae and strictures), outcomes of erectile and testicular implants, number of secondary procedures required at the penis and at the donor site. PROMs were evaluated as well by administering a questionnaire to investigate QoL and aesthetic outcomes. Mean follow up was 51 months in the RFF group and 40 months in the ALT group.

Results and Conclusions

Rates of secondary procedures in the penis (45 vs 15 %) and in the donor site (16 vs 5 %) were significantly higher in the ALT group compared to the RFF group. In the RFF group there were significantly higher early fistula rates (31.6 vs 15.2 %) and significantly higher rates of patients wearing an implant (65.6 vs 42 %). No statistically significant differences were found in the rates of fistulas requiring surgery, stricture rates, flap revision rates and prosthesis-related complications rates. Even PROMs (responders: 37 RFF and 17 ALT patients) showed no statistically significant difference.

There seems to be no significant differences in terms of outcomes when comparing ALT phalloplasty with RFF phalloplasty. The ALT phalloplasty, which allows to avoid the forearm scar, can be considered as a valuable alternative to RFF phalloplasty. The drawbacks are the frequent need for a second flap for the urethra, higher rates of secondary touch ups at the penis and at the donor site. QoL and cosmetic outcomes were comparable. RFF patients request an erectile implant more often since sometimes the ALT is thick and rigid enough to allow sexual intercourse without an implant.

An outcome analysis of the suprapubic pedicled phalloplasty in trans men diagnosed with gender dysphoria: a retrospective cohort analysis

Thursday, 11th April - 10:25: Surgeons Only Session II: trans men (Bramante 15)

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Background

Various techniques may be considered to address total phallic construction (TPC) in trans men diagnosed with gender dysphoria (GD). The gold standard approach is yet to be defined. The aim of our study is to report the surgical outcomes and the patient's reported outcomes (PRO's) after a suprapubic pedicled phalloplasty (SPP) in trans men with gender dysphoria.

Methods

From November 2008 to August 2018 a consecutive series of 42 trans men diagnosed with gender dysphoria underwent a sex reassignment surgery (SRS) in a single tertiary referral center. Patients were offered the choice between three different techniques: metoidioplasty, radial artery based forearm free-flap and SPP. A retrospective analysis focused on patients underwent a SPP was conducted extrapolating data from the clinical records. SPP was conducted as a multistage procedure, consisting in 3 stages a) TPC b) glans sculpting, urethral reconstruction and scrotoplasty c) penile prosthesis implantation. A descriptive analysis of the surgical outcomes and PRO's was conducted. Statistical analysis was performed using STATA version 12.0 for Mac package.

Duration of surgery, intra and postoperative complications and the hospital stay were selected as variables for the surgical outcomes. PRO's were extrapolated from a 4-item "ad hoc" created questionnaire administered through a telephone interview at 1 year follow-up.

Results and Conclusions

A total 23 patients were enrolled in the present study. The median age was 45 (IQR 35-49). The median BMI was 24 (IQR 22-26). The median follow-up was 88 months (IQR (16-102). The median operative time resulted 135 (IQR 120-215). A defatting of the flap was necessary in 13 patients (81.2%) as well as an umbilicus caudal repositioning which was needed in 5 patients (31.2%). Lateral rotational flap to close the abdominal defect were required in 7 patients (43.75%).

The median size of the flap turned out to be: length of 13 cm (IQR 12-13) and width of 12 cm (IQR 11-12). The median hospital stay was 5 days (IQR 4-6). Focusing on major postoperative complications a partial necrosis of phallus was detected in a single case (6.2%), as well as a seroma formation (6.2%). 18 patients completed the 3 stages of surgery and were therefore considered for PRO's analysis. 89% of patients declared to be fully satisfied of the TPC. 83% would recommend the procedure to someone else and 89% would undergo the same procedure again. 66% of patients could achieve an orgasm during sexual penetrative intercourses.

The SPP represents an acceptable option for TPC, with a low incidence of major complications and without disfiguring the donor skin site.

The surgical technique and outcomes of secondary phalloplasty after metoidioplasty in transgender men: an international, multi-center case series.

Thursday, 11th April - 10:30: Surgeons Only Session II: trans men (Bramante 15)

Muhammed Al-tamimi [1], ***Garry Pigot*** [2], ***Wouter Van Der Sluis*** [1], ***Miroslav Djordjevic*** [3], ***Romain Wiegert*** [4], ***Christopher Salgado*** [5], ***Sinikka Suominen*** [6], ***Kristin de Haseth*** [7], ***Marlon Buncamper*** [2], ***Maud Belanger*** [8], ***Richard Santucci*** [9], ***Mark-Bram Bouman*** [2]

1. *Amsterdam UMC, location VU University Medical Center,* ***2.*** *VU Medical Center,* ***3.*** *School of Medicine, University of Belgrade, Belgrade, University Children's Hospital, Belgrade, Serbia,* ***4.*** *CHU Bordeaux,* ***5.*** *University of Miami Hospital,* ***6.*** *Helsinki University Hospital,* ***7.*** *VU,* ***8.*** *Gender Reassignment Surgery Montreal,* ***9.*** *Detroit Medical Center*

Background

Some transgender men express the wish to undergo Genital gender Affirming Surgery (GAS). Metoidioplasty and phalloplasty are procedures that are performed to reconstruct the neophallus. Disadvantages of metoidioplasty are: a relatively small neophallus, inability to have penetrative sex and often incapability to void while standing. Therefore, some transgender men opt to undergo a secondary phalloplasty after metoidioplasty. Phalloplasty consists of creating a neophallus using free and/or pedicled flaps. Literature on secondary phalloplasty is scarce.

Methods

Transgender men, wereretrospectively identified who underwent secondary phalloplasty after metoidioplastyin seven specialized gender surgery clinics. Pre-operative consultation,patient reason for secondary phalloplasty, surgical technique, peri-operativecharacteristics, complications , clinical and patient experienced outcomes were recorded.

Results and Conclusions

A total of 61 patients were identified. The main patient reasons to undergo secondary phalloplasty were: having a larger phallus (n=29), being able to have penetrative sexual intercourse (n=25) and/or to void from a standing position (n=15). The following free and/or pedicled flaps were used for secondary phalloplasty: free radial forearm flap (n=26), anterolateral thigh flap (n=15), latissimus dorsi flap (n=8), gracislis muscle flap (n=5), abdominal flap (n=4), groin flap (n=2) and the lateral upper arm flap (n=1). Intraoperative complications (revision of microvascular anastomosis) occurred in three (4,9%) patients. Direct postoperative complications (e.g., flap failure and wound infection) occurred in 21 (34,4%) patients. Urethral fistula occurred in 18 (32,7%) patients and strictures in 18 (32,7%) patients. The median (range) follow-up was 7 (0-39) years. Most patients were satisfied with the results. **Conclusion:** Secondary phalloplasty can be performed after metoidioplasty with complication rates to primary phalloplasty in transgender men. Proper preoperative consultation is necessary to help patients determine whether a metoidioplasty or phalloplasty is likely to meet their expectations and hopefully result in less converting procedures.

A new coronaplasty technique in penile reconstruction

Thursday, 11th April - 10:35: Surgeons Only Session II: trans men (Bramante 15)

Salvatore D'Arpa [1]***, Karel Claes*** [2]***, Casper Sommeling*** [3]***, Edward De Wolf*** [3]***, Ali Salim*** [4]***, Dries Opsomer*** [3]***, Stan Monstrey*** [1]

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Background

The coronaplasty is an important step of the phalloplasty procedure as it creates a prominent coronal ridge and a constricted coronal sulcus, resulting in the transformation of a regular skin flap into a flap resembling a circumcised penis. The aim of this abstract is to describe our new coronaplasty technique that exploits opposing contracting forces of 2 different skin grafts to hold the shape of a thick, distally based skin flap, resulting in a natural looking neo-phallus.

Methods

A distally based flap is raised at the junction of the middle and distal thirds of the neo-phallus. The dissection continues until adequate mobilization is obtained, so the flap can stand almost perpendicular to the axis of the shaft. 2 separate full-thickness skin grafts are harvested and placed: the first at the raw undersurface of the flap, the second at the flap's donor site. To make the sulcus deeper and to define the ridge, the lower part of the graft placed on the undersurface of the distal flap is sutured with tacking sutures. Depending on the type of flap used this procedure can be done during the phalloplasty procedure itself (axial flaps) or at least 1 week later (perforator flaps).

Results and Conclusions

The new technique that we developed shows a more distinct coronal sulcus and coronal ridge, longlasting results, and a more aesthetically pleasing and natural-appearing glans penis. The harvested distal flap is progressively thicker and not folded, resulting in a more naturally looking ridge. The donor site is deeper than other techniques, creating a well-defined sulcus. By using 2 skin grafts the opposing force vectors increase the projection of the ridge and the deepness of the sulcus.

Conclusion

This technique results in a more prominent glans penis and is an important step in creating an almost naturally looking neo-phallus. This procedure can be applied to all different kind of flaps used for phalloplasty, both in an immediate or delayed fashion. As grafts are used, partial or complete graft lost can appear. Furthermore, attention must be paid not to incise the distal flap too deep so vascularity to the distal part of the flap will not be impaired. A continuous search to optimize the aesthetic outcome of the phalloplasty procedure is necessary and with this new coronaplasty technique we hope to raise attention and take another step toward creating "the real thing."

SCIP Phalloplasty - Is it the aesthetic , cosmetic and functional way forward: KDAH series

Thursday, 11th April - 10:40: Surgeons Only Session II: trans men (Bramante 15)

Sanjay Pandey [1]

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Background

Gender reaffirmation Phalloplasty is a complex surgical task. Successful creation of the penis must meet certain cosmetic and functional thresholds. The ideal neophallus should be sensate, hairless, and similar in color to the surrounding skin. It should have an inconspicuous scar, maintain rigidity for sexual intercourse, and allow for micturition upon standing with minimum donor site morbidity

We demonstrate our technique of using a SCIP flap for the same and its evolution over a period of 27 cases.

Methods

After appropriate psychiatric and endocrine evaluation, patients were counselled for surgery.

(Concomitant mastectomies/vaginectomies were also done when feasible)

The technical considerations of the surgery are demonstrated in the video.

The SCIP phalloplasty was the first part of a three stage process that involvedurethroplasty and insertion of a penile prostheses.

Results and Conclusions

The mean age of our patients was 28 years (21-39). There were no complications for 14 cases in our series; we saw a failure in 3 of them where the flap had to be debrided as the vascularity was hampered because of a narrow vessel, spasm or obesity. Two of them had prostheses related issues during the neourethra creation.

To conclude, the free radial forearm flap though established itself over time, has major problems like donor-site morbidity with large depressive scar after skin grafting, urethral fistulas, and need for microvascular anastomosis. A SCIP flap has the advantage of minimal donor-site morbidity with a concealed donor scar and no microvascular anastomosis aesthetic - realistic in dimensions with moderate sensations . Hence our advocacy for the same

Pedicled sensate SCIP flap; a promising technique for phalloplasty.

Thursday, 11th April - 10:45: Surgeons Only Session II: trans men (Bramante 15)

Kristin de Haseth [1]***, Floyd Timmermans*** [1]***, Lian Elfering*** [1]***, Marlon Buncamper*** [1]***, Matthijs Botman*** [1]***, Muhammed Al-tamimi*** [1]***, Mark-Bram Bouman*** [1]***, Wouter Van Der Sluis*** [1]

1. *Amsterdam UMC, location VU University Medical Center*

Background

The aim of the ideal neophallus is to create a phallus that resembles a penis as much as possible, has tactile and erogenous sensation, rigidity for penetrative sex and if desired the ability to void standing, while achieving low donor site comorbidity or non-stigmatizing scars. In order to achieve this goal multiple techniques have been developed.

Recently, our clinic has started using a new phalloplasty technique; a pedicled sensate superficial circumflex iliac perforator (SCIP) flap. This flap can be used as a single pedicled flap either without urethral lengthening or with urethral lengthening when combined with a contralateral SCIP flap or other tissue (local or free flap).

Methods

We started using this new technique as of March 2017. At the time of presentation in April 2019, we will have included more than 40 patients to present our results.

Flaps are designed on the perforators of the superficial or deep branch of the superficial circumflex iliac artery (SCIA) or a combination of both.

To pre operatively evaluate and identify the vascular status and anatomy prior to flap design, a hand held doppler is used. The flap is then designed based on the vascular course and local tissue surplus. Incision is made along the inferior border of the flap, where the proximal vascular pedicle is identified. Once the vascular pedicle is located and of adequate caliber, dissection continues in a retrograde fashion. The Th10, 11 or 12 nerve, which give sensate innervation to the raised skin area, is identified during the suprafascial dissection in the distal part of the flap, where it pierces the obliquus externus abdominis muscle. In order to gain maximum length, the nerve is then dissected toward its origin. If possible, a combination of the nerves is used for the flap reinnervation.

Once the flap is raised, it is tunneled subcutaneously to the genital region, where the acceptor site has been prepared. Neurorrhaphy is performed on one of the dorsal clitoral nerves. The neophallus is then tubularised either on itself or around the neo urethra. Post operatively, the sensitivity is evaluated by Semmes-Weinstein monofilament.

Results and Conclusions

Results

Our preliminary reports show there is an acceptable complication rate.There is however a higher flap-related complication rate in double flap phalloplasties were the SCIP flap is combined with another flap for urethral lengthening when compared to unilateral SCIP phalloplasties (without urethral lengthening).

All donor sites could be closed primarily. No complete sensibility has yet been established during the present follow up. However, most patients have reported the possibility to orgasm.

Conclusion

The SCIP flap yields thin, pliable tissue with minimal donor site morbidity, as well as a well concealed donor site scar with an acceptable (short term) complication rate. Most patients were able to reach an orgasm, probably

due to indirect stimulation of the buried clitoris. We expect that one year post operatively tactile sensation in the neophallus will be present, however this is yet to be objectified.

The pedicled labia minora flap: a multicenter study on the clinical outcome of a novel surgical technique for urethral lengthening in transgender men undergoing phalloplasty.

Thursday, 11th April - 10:50: Surgeons Only Session II: trans men (Bramante 15)

Muhammed Al-tamimi [1], ***Garry Pigot*** [1], ***Wouter Van Der Sluis*** [2], ***Tim van de Grift*** [1], ***Jeroen Van Moorselaar*** [2], ***Margriet Mullender*** [1], ***Miroslav Djordjevic*** [3], ***Borko Stojanovic*** [3], ***Kristin de Haseth*** [4], ***Brechje Ronkes*** [5], ***Mark-Bram Bouman*** [1]

1. *VU Medical Center,* ***2.*** *Amsterdam UMC, location VU University Medical Center,* ***3.*** *School of Medicine, University of Belgrade, Belgrade, University Children's Hospital, Belgrade, Serbia,* ***4.*** *VU,* ***5.*** *Amsterdam UMC, location VUmc*

Background

The majority of transgender men that undergo phalloplasty express a strong desire to be able to void while standing. For this purpose the urethra has to be lengthened. A procedure which is considered to be the most challenging in phalloplasty with a high complication rate. Reconstruction of the pars fixa is considered a standard procedure and is performed using the labia minora. Reconstruction of the pars pendulans is significantly more difficult and many studies have been published in search of the ideal reconstruction technique. There are multiple surgical options for pars pendulans reconstruction: a tube-in-tube flap configuration, a second fasciocutaneous flap, use of full-thickness skin grafts or buccal mucosa. Each of these methods has its own disadvantages. We describe a novel technique with a pedicled labia minora flap (PLMF).

Methods

Between September 2007 and August 2018, 17 transgender men underwent phalloplasty with a PLMF for urethral lengthening at the Amsterdam UMC (VU university) in the Netherlands and the Belgrade University Hospital in Serbia. Patient demographics, surgical characteristics, neo-urethra characteristics (neo-urethra length, pars pendulans length and meatus localization), intra- and postoperative complications, pre-and postoperative voiding evaluation(e.g. uroflowmetry and voiding diary), the ability to void while standing postoperatively and hospitalization length were retrospectively identified from chart reviews. Labia minora hypertrophy was assessed by the surgeon (urologist or plastic surgeon) to determine surgical eligibility. The minimum required labia minora size to perform this technique was five centimeters in length from the base to the edge, and two centimeters in depth.

Results and Conclusions

The mean neo-urethral length was 15,6±2,6 centimeter, and the pars pendulans 9,6 ±2,5 centimeter. The neo-meatus was localized on top of the neophallus in 10 (58,8%) patients. No intraoperative complications occurred. Postoperative complications (within three weeks) occurred in 3 (17,6%) patients. Of those, two patients (11%) developed neo-urethral necrosis which was localized at the distal part of the pars pendulans. Urethral fistula formation occurred in 4 (23,5%) patients and strictures in 7 (41,1%) patients. Of 7 patients that developed an urethral stricture, 3 (17,6%) patients had only meatal stenosis. In 2 (11,7%) patients a (temporary) perineostomy had to be performed. **Conclusion:** The pedicled labia minora flap for urethral reconstruction in phalloplasty is a feasible surgical technique in a subset of transgender men that wish to void while standing. Advantages of this technique are a hairless urethra, more favorable urethral softness, preventing additional donorsite and being a single-stage procedure.

Reconstructing the urethra in ALT flap phalloplasties: experience based on 93 cases.

Thursday, 11th April - 11:25: Round table: Reconstructing the urethra in ALT flap phalloplasties (Bramante 15)

Salvatore D'Arpa [1], ***Karel Claes*** [2], ***Edward De Wolf*** [3], ***Nicolaas Lummen*** [3], ***Piet Hoebeke*** [3], ***Stan Monstrey*** [1]

1. *Uz Gent,* ***2.*** *University Hospital Ghent,* ***3.*** *Ghent University Hospital*

Background

The anterolateral thigh (ALT) flap is becoming increasingly popular for phalloplasty as an alternative to the radial forearm flap (RFF) or other techniques. However, the ALT is often too thick to reconstruct the urethra with the tube-in-tube technique. Based on a 93 cases series, the largest reported so far, we aim at describing different options for urethral reconstruction in ALT phalloplasties and comparing their urinary outcomes.

Methods

Ninety-three ALT phalloplasties were performed between 2004 and 2016. In 7 cases the urethra was not reconstructed due to the presence of a urinary derivation. In the remaining 86 case the urethra was reconstructed with the tube-in-tube technique (n=5), with prelamination with a skin graft (n=8), with a free radial forearm flap (RFF) (n=39), with a pedicled superficial circumflex iliac artery perforator (SCIAP) flap (n=38), with a skin flap from a previous phalloplasty (n=6).

Indications were gender confirming surgery (n=79), severe penile insufficiency due to congenital malformation (n=11), amputation for cancer (n=1), multiple penile implant failures (n=1) or trauma (1).

Results and Conclusions

Fistulas rates were: : tube-in-tube ALT: 20%; pre-laminated ALT: 0%; free RFF: 27.6%; SCIAP: 23.7%; skin flap from previous phalloplasty: 16.7%.

Stricture rates were: tube-in-tube ALT: 20%; pre-laminated ALT: 87.5%; free RFF: 10.3%; SCIAP: 2.6%; skin flap from previous phalloplasty: 0%.

Voiding while standing was achieved in 91.86% of patients. The remaining patients have a temporary perineostomy and are awaiting completion of urethral reconstruction.

Conclusion

A skin flap lined urethra is, in our experience, the best option for urethral reconstruction in ALT phalloplasty. When this cannot be accomplished with the same ALT flap with the tube-in-tube technique due to excess flap thickness our first choices are the SCIAP or the RFF flaps. Due to the high stricture rates, flap prelamination has been abandoned. When there is existing penile skin, like in cases of an unsatisfactory previous phalloplasty, the penile skin could be tubed in to reconstruct the urethra.

Welcome Address – EPATH board

Thursday, 11th April - 12:30: Plenary session I: Opening Session (Michelangelo Ballroom)

Guy T'Sjoen [1]***, Joz Motmans*** [2]

1. *Uz Gent,* ***2.*** *Ghent University Hospital, Center for Sexology and Gender*

Background

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Methods

/

Results and Conclusions

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Welcome Address – Host & Local Organizing Committee

Thursday, 11th April - 12:45: Plenary session I: Opening Session (Michelangelo Ballroom)

Mario Maggi [1], ***Jiska Ristori*** [2], ***Alessandra Daphne Fisher*** [3]

1. *Department of Experimental, Clinical and Biomedical Sciences Careggi University Hospital Florence,* ***2.*** *University of Florence,* ***3.*** *Department of Experimental, Clinical and Biomedical Sciences, Careggi University Hospital, Florence, Italy*

Background

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Methods

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Results and Conclusions

/

Sexual Intimacy, Gender Identity and 'Fraud'

Thursday, 11th April - 13:00: Plenary session I: Opening Session (Michelangelo Ballroom)

Alex Sharpe [1]

1. *Keele University*

Background

Despite a trajectory of reform, transgender people continue to face numerous problems in European societies: violence, workplace discrimination, inadequate healthcare … the list goes on (and on). However, and importantly, these and other material realities are underscored by a prior violence, what we might call an ontological wound. I am speaking here of the denial of gender identity. Many other concrete problems can be viewed as symptoms of this deeper refusal, at the level of civil society, if not the state, to recognise us as properly gendered, and therefore as fully human.

Methods

In order to illuminate this problem, my lecture will focus on an example from the UK, one that serves both to dramatise the problem and to emphasis the stakes for trans people. The example I will explore is one borne of material reality: the criminal prosecution of young trans and other gender non-conforming youth for not disclosing their gender histories prior to intimacy (*R v Gemma Barker* [2012] unrep; *R v Chris Wilson* [2013] unrep; *R v Justine McNally* [2013] EWCA Crim 1051; *R v Gayle Newland* [2015] unrep; *R v Kyran Lee* (Mason) [2015] unrep; *R v Jason Staines* [2016] unrep; *R v Gayle Newland* [2017] unrep). All of these defendants were convicted, most have received custodial sentences, and all have been placed on the Sex Offenders Register.

Results and Conclusions

The lecture will provide a series of arguments against the bringing of such prosecutions for what is, after all, desire-led intimacy. To that end, it will, in addition to considering privacy and non-discrimination rights, interrogate the key criminal law and philosophical concepts of consent, harm and deception, and will reveal the cisnormative frame through which each is constructed. Ultimately, the test of our humanity might best be gauged at such sites of desire and their disavowal, at the point where trans and cis bodies most intimately touch.

Transgender prejudice in young, competitive sports people: The role of motivation to win and gender role beliefs

Thursday, 11th April - 14:30: Mental Health Session I: Social support, discrimination, prejudices and mental well being (Michelangelo Ballroom)

Gemma Witcomb [1], ***Nessa Millet*** [1]

1. *Loughborough University*

Background

Transgender people face many barriers to participating in sport and physical activity. At a recreational level, these may be related to inadequate facilities, body discomfort, and general transphobic discrimination. At the more competitive level, barriers may be more deeply rooted in the widely-held beliefs underpinning the institution of sport and the need for sex-segregation; that is beliefs around biology, strength, and fairness. Little previous literature has explored transgender prejudice among athletes. Thus, this study aimed to explore how cisgender competitive athletes view their transgender counterparts and to what extent transphobic attitudes are associated with gender role beliefs and differences in psychological factors that influence motivation and performance in competitive sport.

Methods

Participants (aged 18-30) were recruited from sports clubs and university sports teams within the UK and Ireland. Two hundred and thirty eight competitive sports people chose to participate, with 178 (59 cismales and 119 cisfemales; mean age = 21 years) completing an online questionnaire in full. The questionnaire contained demographic questions along with measures assessing individual differences in competitiveness and achievement behaviour (Sport Orientation Questionnaire), self-efficacy (General Self-Efficacy Scale), performance attribution (Controllability, Stability, Globality, and Universality Attributions), gender stereotypes (The Bem Sex- Role Inventory) and transphobia (Trans Prejudice Attitudes Scale).

Results and Conclusions

Cisgender male and female athletes did not differ in their levels of transphobia. When looking at the relationship between transphobia, psychological motivations in sport, and sex roles, correlational analyses revealed that transgender prejudice was positively associated with the achievement orientation *Win*, as well as with scores on the *Masculinity* measure of sex role beliefs. No other measures of psychological motivation and achievement were associated with transphobia. Subsequent regression analyses confirmed that transphobia was significantly predicted by both *Win Orientation* and *Masculinity*. This suggests that desire to win drives transphobia more than other psychological attributes and those who have more stereotypical beliefs about masculinity are likely to be less accepting of trans opponents.

Conclusion: The present study was unique in its inclusion of sports psychology theory within explanations for transgender prejudice. This study highlights how beliefs about gender and psychological motivation to win, irrespective of other psychological factors underpinning sporting performance, influence transphobia within a sporting context. Both of these may be illustrative of the deeply-rooted beliefs about gender, strength and fairness in sport. As trans people become more visible in sporting contexts, and policies change to promote inclusion, coaches and athletes will need to focus on challenging these beliefs in order to tackle transphobia within sport.

A comparison of mental health symptomatology and levels of social support in young treatment seeking transgender individuals who identify as binary and non-binary

Thursday, 11th April - 14:45: Mental Health Session I: Social support, discrimination, prejudices and mental well being (Michelangelo Ballroom)

Nat Thorne [1]***, Gemma Witcomb*** [2]***, Timo Nieder*** [3]***, Elena Nixon*** [1]***, Andrew Yip*** [1]***, Jon Arcelus*** [4]

1. *The University of Nottingham,* ***2.*** *Loughborough University,* ***3.*** *UKE,* ***4.*** *The Nottingham Centre for Transgender Health*

Background

Previous research has consistently reported high rates of mental health symptomatology and lower social support in young treatment seeking transgender individuals. However, these studies have failed to distinguish between transgender people who identify within the gender binary and those who identify as non-binary. This study aimed to compare levels of mental health symptomatology (anxiety, depression, and non-suicidal self injury behavior) and social support of treatment seeking non-binary transgender young individuals with those self identified as binary transgender young individuals. All participants attended a national transgender health service in the UK during a 2-year period.

Methods

Data was gathered from individuals between the ages of 16-25 who were referred to a national transgender health service in the United Kingdom between June 2015 and June 2017. The data was gathered in the form of a questionnaire containing the measures. Age and gender identity descriptors were collected, as well as clinical measures of anxiety and depression (Hospital Anxiety and Depression Scale), self-esteem (The Rosenberg Self-Esteem Scale), non-suicidal self injury (Non-Suicidal Self injury: Treatment Related), and social support (Multidimensional Scale of Perceived Social Support).

Results and Conclusions

A total of 388 young people, aged 16–25 years, agreed participation; 331 (85.3%) identified as binary and 57 (14.7%) as non-binary. Analysis of the data showed the non-binary group experienced significantly more anxiety and depression and had significantly lower self-esteem than the binary group. There were no significant differences between groups in the likelihood of engaging in non-suicidal self injury behavior or levels of social support

Conclusions: Non-binary identifying treatment seeking transgender youth are at increased risk of developing anxiety, depression, and low self-esteem compared to binary transgender youth. This may reflect the even greater barriers and feelings of discrimination that may be faced by those whose identity does not fit the notion of binary gender that is pervasive in how society views both cis- and transgender populations.

Coping with Stigma: Life Stories of Italian Transgender and Gender Nonconforming People

Thursday, 11th April - 15:00: Mental Health Session I: Social support, discrimination, prejudices and mental well being (Michelangelo Ballroom)

Paolo Valerio [1]***, Anna Lisa Amodeo*** [1]***, Roberto Vitelli*** [1]***, Vincenzo Bochicchio*** [2]***, Cristiano Scandurra*** [1]

1. *University of Naples Federico II,* ***2.*** *University of Calabria*

Background

A great amount of quantitative research has largely demonstrated that transgender and gender nonconforming (TGNC) people experience high rates of minority stress, against which they are able to exercise resilience and to use adaptive strategies buffering the negative effects of stress on health. Notwithstanding, qualitative investigations on how TGNC people subjectively experience minority stress are still scarce. Thus, the current study aims at qualitatively exploring how minority stress is subjectively experienced in a small group of Italian TGNC individuals participating in a focus group. Given the literature on stigma and coping in TGNC people (and informed by the minority stress theory), the main questions that guided this study were: (1) How do TGNC individuals subjectively experience social stigma towards them? (2) What impact does the social stigma have on TGNC individuals' health? (3) How do TGNC individuals cope with societal stigma?

Methods

The present study involved eight Italian TGNC participants born and living in Naples, a city in southern Italy. Regarding gender identification, 7 of them self-identified as transgender (5 trans women and 2 trans men). Only one self-identified as genderqueer and was assigned female at birth. Participants were aged from 20 to 30 years old (M = 25; SD = 5).

Participants were recruited through a snowball sampling procedure. They were sent a presentation letter of the study, in which objectives and methods were described in detail. In the letter, inclusion criteria to take part in the focus group were also reported, which were: 1) self-identifying as a TGNC person, 2) being aged between 20 and 30 years, and 3) being born and living in Naples. Before being included in the group, participants who voluntarily decided to take part in the study were invited to a meeting for the presentation of the study. At that meeting, a preliminary screening to exclude severe psychiatric disorders was performed with the participants' informed consent. All participants attending the meeting were recruited, as the screening showed no severe psychiatric disorders. The focus group was not conducted by the same authors who managed the initial meeting because they were well known to some of the participants.

All data were collected in accordance with the General Data Protection Regulation 679/2016, and the study was designed to respect all principles of the Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects.

Narratives were analyzed through deductive thematic analysis.

Results and Conclusions

The analysis generated four main categories: (1) family rejection, (2) visibility of the body, (3) negative effects of family violence on health, and (4) integration of TGNC identity.

Results offer an in-depth exploration of minority stress processes and adaptive strategies in TGNC people.

Suggestions for clinical practice and social policies are discussed.

Relationship Between Suicide Attempt and Perceived Discrimination in People Diagnosed with Gender Dysphoria

Thursday, 11th April - 15:15: Mental Health Session I: Social support, discrimination, prejudices and mental well being (Michelangelo Ballroom)

Zeynep Tuzun [1]***, Koray Başar*** [2]

1. *Hacettepe University, Faculty of Medicine, Departmet of Pediatrics, Division of Adolescent Medicine,,* ***2.*** *Hacettepe University, Faculty of Medicine, Department of Psychiatry*

Background

Objective: It is known that people diagnosed with gender dysphoria (GD) may experience intense stress factors across their life course in many domains. Stress factors can place those individuals at high risk for negative mental health outcomes (1). In addition to experiencing a mental disorder, suicide attempt has also been associated with experience of discrimination and lack of social support (2, 3). The expectation of discrimination can lead to perceived discrimination beyond the actualized discrimination and can also cause negative mental health effects (4). High rate of suicide attempts was reported in a Turkish sample (5). The aim of this study was to investigate the relationship of perceived discrimination, social support, transition process features and lifetime history of suicide attempt in a clinical group of individuals diagnosed with gender dysphoria in Turkey.

Methods

Methods: Perceived Discrimination Scale (PDS), Multidimensional Scale of Perceived Social Support (MSPSS), Beck Hopelessness Scale (BHS) and self report forms related to demographic and transition-related information were administered to individuals (n=230) diagnosed with GD, who demanded assistance in gender-affirming processes in psychiatry outpatient clinic. History of suicide attempt, presence of lifetime and current mental disorders were evaluated with a clinical interview.

Results and Conclusions

Results: Of participants 65.2 % (n=150) were assigned female at birth and mean age of the sample was 24 years. Lifetime diagnosis of depression (% 64.4) and non-suicidal self injury (NSSI) (% 69.5) were significantly higher among participants with a lifetime history of suicide attempt. No significant gender differences were found for suicide attempts and NSSI. Participants with history of suicide attempt had higher scores indicating higher hopelessness (p = .02) and perceived personal discrimination (p = .001). Scores of MSPSS and perceived group discrimination scale were not different. Logistic regression analysis including the related variables in order to determine the predictors of suicide attempt, lifetime diagnosis of depression and perceived personal discrimination scores were found to be significantly associated.

Conclusion: Lifetime history of suicide attempt was associated with diagnosis of depression and perceived discrimination. It is considered important to address perceived discrimination and coping strategies during the assessment and follow-up of individuals diagnosed with gender dysphoria.

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Gender-related psychological well-being, general life satisfaction and quality of life in non-binary transgender people: A case control study

Thursday, 11th April - 15:30: Mental Health Session I: Social support, discrimination, prejudices and mental well being (Michelangelo Ballroom)

Beth Jones [1]***, Emma Haycraft*** [1]***, Walter Bouman*** [2]***, Jon Arcelus*** [2]

1. *Loughborough University,* ***2.*** *University of Nottingham*

Background

To date, most transgender health research tends to group all transgender people under one category, failing to distinguish between non-binary and binary transgender people. Recent research has found that non-binary transgender people feel invisible in society and are more likely to experience transphobia in comparison to binary transgender people. This may affect mental health and life satisfaction among non-binary transgender people, although no research has explored this to date. It was therefore the aim of this study to explore mental well-being and life satisfaction among a community sample of adult non-binary transgender people and to compare these levels to controls (binary transgender people and cisgender people).

Methods

In total, 526 people from a community sample were recruited into the study from the United Kingdom. Of this sample, 97 were non-binary transgender people, 91 binary transgender people and 338. Participants were asked to complete an online questionnaire which included validated questionnaires related to mental well-being, life satisfaction and quality of life.

Results and Conclusions

Overall it was found that non-binary transgender people reported better mental health and life satisfaction in comparison to binary transgender people after controlling for age. This supports that non-binary and binary transgender people should be distinguished in research as they are not homogenous in relation to mental health and life satisfaction. However, this study also found that non-binary and binary transgender people both had poorer mental health and life satisfaction in comparison to cisgender people. Consequently, better support for mental health needs to be provided to transgender people (non-binary and binary) to close the mental health disparity between cisgender people.

Symptoms of disordered eating among trans people seeking gender-affirming therapy in Sweden

Thursday, 11th April - 15:45: Mental Health Session I: Social support, discrimination, prejudices and mental well being (Michelangelo Ballroom)

Amanda Gunnarsson [1]***, Ulrika Beckman*** [2]***, Attila Fazekas*** [3]***, Louise Frisén*** [4]***, Lotta Sandström*** [5]***, Nils Thelin*** [6]***, Fotios C Papadopoulos*** [1]

1. *Department of Neuroscience, Psychiatry, Uppsala University, Uppsala, Sweden.,* ***2.*** *Lundström Gender Identity Clinic, Södra Älvsborgs Hospital, Alingsås,* ***3.*** *Gender identity service, Department of psychiatry, University hospital, Lund, Sweden,* ***4.*** *Department of Clinical Neuroscience, Karolinska Institutet, Stockholm,* ***5.*** *Department of clinical sciences, Psychiatry, Umeå University,* ***6.*** *Division of Psychiatry, University Hospital. Linköping, Sweden*

Background

Several studies indicate that transgender individuals may be at higher risk of developing eating disorders than cisgender individuals. It is important to identify risk factors for disordered eating, as early identification and treatment is associated with better health outcomes. Our aim was to estimate the prevalence of eating disorder diagnoses and symptoms in a Swedish population of trans people seeking gender-affirming treatment and to examine which factors are associated with higher risk of disordered eating.

Methods

Baseline data on 196 transgender individuals was obtained from the Swedish Gender Dysphoria Study, a multicentre study where trans people 15 years or older with an ongoing healthcare contact for gender-affirming therapy are asked to participate. The data included basic sociodemographic and health variables, including self-reported somatic and mental health diagnoses, the Eating Disorder Examination Questionnaire (EDE-Q), Transgender Congruence Scale (TCS), Ritvo Autism and Asperger Diagnostic Scale (RAADS), Adult ADHD Self-Report Scale (ASRS) and Body Image Scale (BI-1). Eating disorder symptoms were assessed through global EDE-Q scores (n=172). Frequency analyses were made for the self-reported eating disorder diagnoses; factors related to eating disorder symptoms were examined through univariate analyses (Pearson correlations for the continuous and t-test or ANOVA for the categorical variables) followed by a multivariate linear regression model, with the EDE-Q as a continuous outcome measure.

Results and Conclusions

Out of the 196 participants, 7.1% (n=14) self-reported a lifetime diagnosis of any eating disorder; 2.6% (n=5) anorexia nervosa, 1.5% (n=3) bulimia nervosa and 4.1% (n=8) other eating disorder. This is to be compared with the reported Western lifetime prevalence in the general population of 1.29% for any eating disorder, 0.32% for anorexia nervosa and 0.90% for bulimia nervosa.

In the univariate analyses, factors with significant associations ($p<0.05$) with higher global EDE-Q score included higher score on the TCS, negative screening for autism spectrum disorder (ASD), positive ADHD screening, BMI, experienced trauma (psychological, physical and/or sexual), perceived discrimination, history of self-harm and/or suicidal attempt, as well as self-reported lifetime diagnosis of other psychiatric disorders than eating disorders, ASD or ADHD.

No statistically significant differences in EDE-Q were found in analyses with age, non-binary gender identity, civil status, sexual preference, previous gender-affirming treatment, age of onset for symptoms of gender dysphoria or age at menarche.

In the multivariate regression analysis, the following factors remained significant and independent correlates of symptoms of disordered eating: higher TCS scoring, higher BMI, positive ADHD screening and more perceived discrimination.

Our results suggest that there is a higher prevalence of eating disorders among trans people seeking gender-affirming therapy in Sweden than in the general population. A higher degree of gender incongruence, a higher BMI, positive ADHD screening and more perceived discrimination are independently associated with more symptoms of disordered eating in this cohort.

Dismantling the barriers to accessing care for transgender/gender non-binary (TGNB) patients

Thursday, 11th April - 14:30: Mental Health Session Ib: country studies (Bramante 8)

Peter Meacher [1], ***Asa Radix*** [2]

1. *Callen-Lorde Community Health Center,* ***2.*** *Callen Lorde Community Health Center*

Background

It has been well documented that transgender/gender non-binary (TGNB) patients face barriers to accessing healthcare, avoid healthcare and fare poorly in many metrics of health and wellness. Traditional healthcare systems are designed in a way that reinforces this inequity. Dismantling and redesigning new systems that break down such barriers is critical in any effort to improve health outcomes for this population.

Callen-Lorde is a federally qualified health center (FQHC) in New York City serving >5000 TGNB patients. For over two decades, TGNB care has successfully been provided using an Informed Consent model allowing for the rapid provision of hormone care. Hormones are usually provided within two weeks of a patient's first visit. Despite providing a trans-affirming medical setting some TGNB patients, especially those living with HIV, substance use and other chronic health conditions face challenges with retention in care.

Methods

Callen-Lorde has implemented an advanced access program that offers patients an alternative way to receive their care when the traditional appointment system does not work. This program, "FlexCare", allows patients same day access to full scope primary and TGNB care as well as expedited access to behavioral health services. The program is available 5 days a week and staffed by 2 medical providers who provide gender affirming services, including hormone treatment, in addition to comprehensive primary care, sexual health services, as well as specialist HIV and hepatitis C services.

Results and Conclusions

Our results show that FlexCare engages and retains TGNB patients in care at Callen-Lorde, including patients who would usually be driven from care by arduous barriers and competing demands. After initiating FlexCare we have observed improved health outcomes for patients who were previously lost to care, including achievement of viral suppression for those living with HIV, treatment of hepatitis C, and linkage to mental health and substance use programs. Results confirm that in combination these program designs reach populations most impacted by social determinants of health.

Improvement in mental well-being in individuals diagnosed with gender dysphoria with psychosocial support and hormone therapy: a prospective study

Thursday, 11th April - 14:45: Mental Health Session Ib: country studies (Bramante 8)

Koray Başar [1], ***Emre Mutlu*** [1]

1. *Hacettepe University, Faculty of Medicine, Department of Psychiatry*

Background

Quality of life (QoL) and mental health indices have been reported to be worse than general population in people diagnosed with gender dysphoria (GD). Recent meta-analyses suggest improvement in both quality of life and mental health following hormone therapy. There are few prospective studies on the effects of hormone therapy, where the assessments before initiation and after 3-12 months of therapy were compared. The objective of this study was to investigate the change in QoL, mental health indices, and perceived discrimination in people diagnosed with GD by naturalistic longitudinal follow-up design. The follow-up consisted of two periods; an initial period of psychosocial assessment and support, second where hormone therapy was administered.

Methods

Individuals presenting to the psychiatry clinic requesting assistance for gender-affirming medical interventions were enrolled if they provided informed consent and diagnosed with GD. All participants (N=32, sex assigned at birth F/M= 27/5) were assessed at three points: initially following the first interview, later before initiation of the hormone therapy (median follow-up duration of 9 months; 3-80; IQR 8), and finally following hormone therapy (median duration of hormone use 14 months; 10-26, IQR 5). Quality of life (WHOQOL-BREF-TR), personal and group related perceived discrimination (Perceived Discrimination Scale, PDS), social support (Multidimensional Scale of Perceived Social Support, MSPSS), depressive symptom severity (Beck Depression Inventory, BDI), self-esteem (Rosenberg's Self-esteem Scale) were evaluated. Also sociodemographic and gender transition-related features were assessed via self-report forms.

Results and Conclusions

Participants' median age at first assessment was 24 years (18-39, IQR 6,5). Median total follow-up duration was 23.5 months (14-93, IQR 12). Eighteen participants (56.3%) had lifetime, ten (31.3%) had a current mental disorder diagnosis at the initial assessment. At the final assessment median duration of hormone use was 12 months, and 17 participants (%53.1) already had chest surgery.

Repeated measures ANOVA including three assessments revealed significant improvement in psychological (p=<.001), social (p=.011), and environmental (p=<.040) domains of WHOQOL-BREF-TR; decrease in BDI scores (p=.001); increase in MSPSS score (p=<.001); reduction in the scores of perceived discrimination against the individual (p=.005). Post-hoc tests indicated significant change with hormone therapy in all domains of QoL, whereas severity of depressive symptoms decreased and perceived social support from the family was increased significantly during the initial period of assessment and psychosocial support. Level of self-esteem was observed to improve significantly (p=.022) only during the first interval. Finally, perceived discrimination against the individual significantly decreased with each consecutive assesment.

When the effect of presence of mental disorder diagnosis at the initial interview was assessed in all above analyses, similar findings were obtained. The group without a diagnosis was shown to improve more only in social domain

of QoL (p=.012).

Findings of this prospective study confirms the beneficial effect of hormone therapy in people diagnosed with GD, and extends this improvement to the assessment and psychosocial support period preceeding the hormone therapy. Temporally distinguishable benefits shown in different periods and throughout the care provide evidence to the model of management provided in line with WPATH guidelines.

A comparison of the presenting issues and desired outcomes of people with a non-binary gender identity, between those assigned male at birth and those assigned female at birth at the UK Charing Cross NHS Gender Identity Clinic

Thursday, 11th April - 15:00: Mental Health Session Ib: country studies (Bramante 8)

Lucy Evans [1], ***Laura Scarrone Bonhomme*** [1], ***Craig Rypma*** [1], ***Christina Richards*** [1], ***Leighton Seal*** [1]

1. *Charing Cross Gender Identity Clinic, Tavistock and Portman NHS Foundation Trust*

Background

In recent years, there has been an increase in the number of non-binary people attending gender specialist services. While there is an established body of evidence regarding binary-identified trans people, the research on non-binary gender is lacking. This study outlines the sorts of interventions non-binary people seek at the largest National Health Service (socialised healthcare) Gender Identity Clinic in the United Kingdom. Additionally, we examined the prevalence and differences in psychological presenting issues between non-binary people assigned male at birth and those assigned female at birth.

Methods

We have carried out a service evaluation reviewing case notes of a sample of 189 self-identified non-binary individuals attending the Charing Cross Gender Identity Clinic (GIC). The data has been collected over the period of a year via an electronic search of the clinic's records. The presenting issues and desired outcomes of non-binary individuals assigned male at birth (AMAB, N=47) were compared with non-binary individuals assigned female at birth (AFAB, N=142). The analysis was performed with SPSS software, using the Student's t-test for parametric data and chi-square analysis for nominal data. One-tailed significance was used and, due to the large number of data points, significance was taken at $p < 0.01$.

Results and Conclusions

From our sample we found a ratio of 3:1 AFAB vs. AMAB. Non binary people AFAB presented 4.6 years earlier than those AMAB (27.6 vs 32.2 years). With regards to gender identification, a higher proportion of people AFAB identify as non-binary masculine (63.4% vs 2.1%, $p < 0.001$) and a significantly higher proportion AMAB identified as non-binary feminine (51.1% vs 1.4%, $p < 0.001$). A higher proportion of people AFAB self-reported being asexual (22.5% vs 6.7%, $p < 0.011$).

When analysing reports of gender dysphoria and desired bodily changes through either hormone therapy, surgical interventions, or Speech and Language Therapy; we found that a higher proportion of people AFAB were found to want low-dose or time limited hormone treatment (37.3% vs. 19.1%, $p < 0.01$). A higher proportion of people AFAB were found to want changes to the chest contour (88.3% vs. 61.5%, $p < 0.001$). A higher proportion of people AMAB were found to want changes to body hair (87.9% vs. 46.3%, $p < 0.001$). A higher proportion of people AMAB were found to want changes to facial hair (93.3% vs. 51.7%, $p < 0.001$). A higher proportion of people AMAB were found to want changes to size of genitalia through hormone therapy (66.7% vs 36.8%, $p < 0.01$). A higher proportion of people AMAB were found to want genital reconstructive surgery (45.5% vs 12.7%, $p < 0.01$).

Based on birth assigned gender, we did not find significant difference in the prevalence of Eating Disorders, Autism Spectrum Condition, suicide attempts, or self-harming behaviour. We found a higher prevalence of Personality Disorders in non-binary people AFAB (9.9% vs 0.0%, $p<0.01$).

Conclusions

Based on birth assigned gender, we expected no significant differences in desire for physical changes or psychological presenting issues; however, we found several significant differences in the described parameters.

Gender reassignment process, religion and ethnicity in Israel: social obstacles and dilemmas of Jewish and Arabs patients

Thursday, 11th April - 15:15: Mental Health Session Ib: country studies (Bramante 8)

Elad Ofir [1]

1. *Department of Plastic & Reconstructive Surgery, "Sheba" Medical institute*

Background

Some religions, such as Judaism, Islam and Christianity, have addressed the gender reassignment process (GRP) within the frame of their God-ordained laws by establishing certain moral and legal rules. Yet, modern developments in medicine have made the gender reassignment process possible.

Due to Israel's unique history, religion and ethnicity play a central cornerstone in shaping the Israeli society in many themes, including the transgender topic, enhancing the complexity of GRP and increasing the number of challenges faced by the patients and by medical staff as well.

Since 1986, according to the rule of Israeli ministry of health, Gender Reassignment Committee is the one to supervise the GRP in Israel.

During the last 3 years, since 2016, a diverse type of transgender people, from the religion and ethnic point of view, for example Jewish (religious, secular), Arabs (religious Muslims or religious Christians, and non-religious), Christians, Bedouins etc, underwent GRP in our department, Plastic and Reconstructive surgery in "Chayim Sheba" Medical Institute, Israel.

This is a 3 years review of trans GRP patients in Israel, exploring the relation between religion and ethnicity impact on the transgender's social dilemmas and social obstacles.

Methods

A 3-years review of trans GRP patients in Israel, analyzing retrospectively the demographic parameters and the main social barriers according to the transgender religion and ethnic perspective.

Results and Conclusions

Results:

According to our experience during the last 3 years, we observed more "social Abandonment" among the religious social group, Arabs and Jewish (each group having their own causes) which is characterized by transferring their center of life from their native environment to a different and new part of the country dealing with the GRP alone.

Conclusions:

One of the main conclusions is the need to clarify the transgender conceptualization in the religious communities, Jewish and Arabs, in order to decrease stress and increase mental well being so the transgender can understand better his feelings and in order to reduce the social pressure load and to enable an open dialog between the transgender and his close environment,on the one hand, and with the professional staff, including social workers, psychologists, psychiatrists etc, on the other hand.

An additional conclusion is the need to emphasis the importance in education to gender differences from an early age, mainly in the religious communities and also in smaller and more closed ethnic communities, so transgender pepole will talk about it more freely, and others will be able to understand them more easily.

Regarding to the medical follow during and after the GRP, we noticed that transgender people growing in more religious communities required more intensive and comprehensive follow-up (including new guidance about edu-

cation, employment, and dwelling place). The difficulty of living alone after being cut off from the previous society, puts them at greater risk of being exploited by others, and for such dangerous behaviors as drug addiction and prostitution.

Accessing of physical interventions by age of first referral to a specialist gender service: Does age of first referral matter?

Thursday, 11th April - 14:30: Children & adolescents Session I: Outcomes of medical affriming therapies in transgender adolescents (Bramante 6)

Una Masic [1], ***Polly Carmichael*** [1]

1. *The Gender Identity Development Service, Tavistock and Portman NHS Trust*

Background

The presentation of children and adolescents adopting a gender other than their assigned gender at birth has undergone a shift, with more children and young people socially transitioning from an earlier age. This retrospective chart review aimed to assess whether age of first referral to a specialist gender service predicted subsequent accessing of hormone blocking physical interventions when the option was available. Within the UK, access to specialist services provides therapeutic support to children and adolescents experiencing distress around their gender and is required before hormone blocking interventions are sought within the National Health Service, thus understanding the choices made by these young people is useful to improve support for care pathways pursued.

Methods

A sample of 3052 young people referred to a specialist gender service (referred from 2-17 years old) from 2010 to 2018 who were eligible for hormone blocking treatment (therefore currently aged at least 14+ years old) were assessed to determine whether age of referral influenced subsequent accessing of hormone blockers when the child was at an age at which they would be able to access these blockers. For instance, some children may have been referred at age five but were at least 14 years old at time of analysis (and would therefore be known to the service for nine years). Age of first referral rather than age of onset of cross-gender identification was assessed to allow for accurate analysis due to data quality and the variability of reportage of age of onset for the young people attending the service. The range of young people accessing included post-pubescent as well as pre-pubescent children as hormone blocking treatment within the National Health Service is required before accessing cross-sex hormones in adolescents under the age of 18.

Results and Conclusions

Ordinal regression revealed age of first referral to the gender service significantly predicted subsequent accessing of hormone blockers. Further Chi-square analysis showed that those initially referred at age 12 and under were more likely to pursue blockers and those referred over 12 were less likely to pursue blockers. This pattern was similar across assigned males and assigned females (no effect of assigned gender).

Conclusions: Children and young people initially referred to a specialist gender service at a young age were more likely to access hormone blocking treatment when available in the present sample; whilst those referred over the age of 12 were less likely to subsequently access the blocker. This may have implications for therapeutic practice of exploration of gender diversity in young people. However the number of those 12 and under accounted for a smaller sample thus results must be interpreted with caution. Future research is required to further understand trajectories of gender diverse children and adolescents.

Psychosocial health after gender affirming treatment in young adults diagnosed with Gender Dysphoria referred to the Hamburg Gender Identity Service: first follow-up results

Thursday, 11th April - 14:45: Children & adolescents Session I: Outcomes of medical affriming therapies in transgender adolescents (Bramante 6)

Inga Becker [1]***, Saskia Fahrenkrug*** [1]***, Florentien Campion*** [1]***, Hertha Richter-Appelt*** [1]***, Claus Barkmann*** [1]

1. *University Medical Center Hamburg*

Background

Gender-affirming medical treatment options for adolescents starting around the onset of puberty have been available in Germany for the past 12 years. However, the empirical evidence around the effects of puberty suppression (GnRHa) and gender-affirming hormones (GAH) on the overall well-being is still sparse. A few previous European studies have assessed the long-term effects in clinical samples, providing evidence that both GnRHa and GAH lead to overall improved psychosocial functioning. Therefore, the aim of the present study was to longitudinally assess the effects of different treatment conditions in a defined clinical sample of German transgender adolescents and young adults at follow-up.

Methods

The present study is the first longitudinal evaluation of the same clinical cohort sample, around 2 years after their first referral to the Hamburg Gender Identity Service for Children and Adolescents. Participants included the first *N*=75 adolescents and young adults (n=64 assigned female at birth/trans boys and *N*=11 male assigned at birth/trans girls; M age=15.5 at baseline, and 17.4 at follow-up) who were assessed at the Hamburg Clinic and participated at two time points of the research project. An original baseline sample of N=205 in total was contacted for the follow-up, after being considered eligible for medical treatment. Further inclusion criteria were an age starting from 11 years at baseline, the fulfillment of diagnostic criteria, and the wish to receive medical interventions.

Participants were assessed at two time points: at intake and at least 6 months after the first referral (up to 4 years later). Adolescents were then divided into five different follow-up treatment conditions (1. diagnostic stage/eligible for treatment (n=9); 2. psychosocial treatment/delayed eligible (n=12); 3. GnRHa only (n=11); 4. GAH only (n=32); and 5. GAH and surgery (mastectomy, n=11).

A general linear model (GLM) was applied with the following predictors: functioning at baseline, time since first referral to the Clinic, gender, and age. Main outcome measures were the psychosocial/global functioning (measured via self-report; YSR/ASR; and clinicians' report, CGAS), mental and physical dimensions of quality of life (Kidscreen), and body image/satisfaction(HBDS) at follow-up.

Results and Conclusions

None of the GLM analyses comparing the two time points achieved significant levels. However, when comparing the different follow-up treatment conditions by the means of contrast analysis, a linear pattern became apparent: the more advanced the treatment stage, the better the psychosocial functioning at follow-up. Only the treatment condition groups receiving GAH, or GAH and surgery, reached statistical significance, when compared with the diagnostic phase group. The present study thus provides evidence that GAH and surgery have a positive effect on the psychosocial outcomes in transgender adolescents compared to those who had not received any form of medical treatment, yet. However, the group receiving GnRHa did not achieve the same significant results at follow-up. Possible limitations and implications will be discussed. In line with previous studies, it seems important to

follow a multi-disciplinary approach, that not only includes medical treatment options during adolescence, but also tends towards the psychosocial or psychological needs of this specific group, in order to support the best possible treatment outcomes.

Transgender youth and gender affirming hormones; a prospective 5-7 year follow up

Thursday, 11th April - 15:00: Children & adolescents Session I: Outcomes of medical affriming therapies in transgender adolescents (Bramante 6)

Johanna Olson-Kennedy [1]

1. *Children's Hospital Los Angeles/University of Southern California*

Background

Little data has been published about long term follow up of youth who initiated gender affirming hormones in adolescence and young adulthood. Between 2010 and 2012, a cohort of 101 youth experiencing gender dysphoria between the ages of 12 and 24 years were enrolled in a longitudinal observational study to understand their baseline mental and physiologic health and how it changed over time after initiating hormone therapy for the purpose of phenotypic gender transition. Baseline data from this cohort were published previously in 2015. These data represent those collected between 2017 and 2018 and reflect 5-7 year follow up examination of a large, multi-ethnic cohort of transgender youth in the United States seeking care for gender dsyphoria.

Methods

Self-identified transgender youth between the ages of 12 and 24 years presenting consecutively for care at the Center for Transyouth Health and Development (CTHD) at Children's Hospital Los Angeles between February 2011 and June 2013 were screened for participation in the study. The services provided by the clinic range from mental health counseling and referrals to family and youth support groups to hormonal intervention for those youth interested in a phenotypic transition, and referrals for appropriate surgical interventions. Eligibility criteria for the study included age between 12 and 24 years old, self-identification with an internal gender identity different than the one assigned at birth (based on genital anatomy), presence of gender dysphoria, desire to undergo phenotypic gender transition, naivety to gender affirming hormones or less than three months of previous hormone use, and ability to read and comprehend English. One hundred and one participants were initially enrolled into the study. Follow up data was collected and managed using electronic data capture tools (RedCap) which allowed participants to answer questions from remote locations. Additional items were added to the original survey regarding employment and education, follow up medical care, regret, surgical interventions, and finally, a happiness scale.

Results and Conclusions

Sixty-five participants completed follow up surveys over a six-month follow up window. Ninety eight percent (64/65) of the participants were currently taking gender affirming hormones, one participant had stopped after one year. While 61% of the participants reported thinking about killing themselves at some point in their life, only 19% had thought about it in the past three months. Thirty-six (63%) had undergone some surgical procedure to help bring their physical body into better alignment with their gender. Seventy-one percent of trans feminine participants reported "My life is okay, but not always what I would like it to be" (58.3%) and "I am generally contented and happy in my life" (12.5%). Among trans masculine participants, 73% reported "My life is okay, but not always what I would like it to be" (43.2%) and "I am generally contented and happy in my life" (29.7%). Ninety-six percent of the respondents reported they "never" have had any regret about starting hormones. Two participants reported "sometimes" having regret about starting hormones. Overall results are promising, and support access to gender affirming hormones for youth and young adults.

Psychological well-being and self-image in children and adolescents diagnosed with gender dysphoria in relation to hormonal treatment.

Thursday, 11th April - 15:15: Children & adolescents Session I: Outcomes of medical affriming therapies in transgender adolescents (Bramante 6)

Elise Ruysschaert [1], ***Justine Janssen*** [1], ***Jolien Laridaen*** [2], ***Karlien Dhondt*** [2]

1. *Ghent University,* ***2.*** *Ghent University Hospital*

Background

Children and adolescents diagnosed with gender dysphoria may consult professionals for psychological and medical treatment. The objectives of these therapies are to relieve suffering and aid in the transition to the desired sex. In literature the majority of studies on this topic have reported on the psychological issues that transgender youth encounter; however, evidence of the effect of medical intervention on psychological well-being is scarce. Therefore, in this study we aim to clarify various aspects of psychological well-being and self-image in this population before and after different stages of medical treatment.

Methods

Participants were all patients recruited from the Pediatric Gender Clinic at the University Hospital of Ghent (UZ Ghent), Belgium. Patients considered for inclusion were strictly younger than 19 years old and diagnosed with gender dysphoria by an in-house child & adolescent psychiatrist and/or child psychologist. Patients were recruited at the following stages of transition: begin treatment hormonal suppression or begin treatment cross-sex hormones. The study's objective was communicated at a routine consultation with a hospital professional, either a psychologist, endocrinologist or psychiatrist, and by means of a telephone call. Subsequently, all patients and parents provided written informed consent. Data was obtained through an online survey, which included known questionnaires, such as the Utrecht Gender Dysphoria Scale (UGDS), the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA), the Body Image Scale (BIS), the Youth Self-Report (YSR), and the Self- Perception Profile for Adolescents (SPPA). The Dutch versions of these surveys were used. Patients completed the survey on two occasions: before (new) hormonal medication (puberty blockers or cross sex hormones) and at 4 months follow-up.

Results and Conclusions

During the study period, 177 children and adolescents were being treated at the Pediatric Gender Clinic at the University Hospital of Ghent, Belgium. Out of these patients, 53 individuals agreed to participate in the study at baseline. Due to incomplete responses or failure to follow-up 27 patients remained in the study after 4 months.
There were minor significant differences in study outcomes with regards to the medical therapy employed or to trans male vs trans female transitioning. There was a significantly higher prevalence of autism spectrum disorder in the study population compared to the general population in Belgium. Contrary to findings in literature, non-suicidal self-harming behavior or suicidal thoughts were not more prevalent in the study sample. When evaluating self-image, psychological functioning and the degree of gender dysphoria in the study population, analyses showed that the individuals were generally satisfied with themselves and their competences, with the exception of their appearance. Significantly higher scores were reported on the internalizing problem scale compared to the externalizing problem scale, although there was a tendency to express the behavior of the experienced gender.

A follow up study of transgender adolescents who stopped their medical treatment with puberty suppression

Thursday, 11th April - 15:30: Children & adolescents Session I: Outcomes of medical affriming therapies in transgender adolescents (Bramante 6)

Marijn Arnoldussen [1], ***Lieke Vrouenraets*** [2], ***Annelou de Vries*** [1], ***Thomas Steensma*** [1], ***Sabine Hannema*** [2], ***Irma Hein*** [3], ***Arne Popma*** [1], ***Martine De Vries*** [2]

1. *VU Medical Center,* ***2.*** *Leiden University Medical Center,* ***3.*** *De Bascule*

Background

Since the 1970s, medical gender affirming treatment with hormones and surgeries has been an accepted treatment for transgender adults. However, there has been more reluctance concerning medical interventions including puberty suppression in young transgender children and adolescents. One of the reasons for this debate is the possibility that the gender identity of children may still change over time [1,2,3,4]. Furthermore, the capacity in children to make decisions with life-long consequences is limited and they are not legally allowed to provide informed consent [3]. There is a call for more research on the effect of puberty suppression on psychological and physical well-being to further explore the risks and benefits of the treatment and to make it more evidence-based [4]. Up until now, there are only a few follow-up studies that evaluated the effect of puberty suppression on mental-health related outcomes and there are no studies published that have investigated the considerations of adolescents who decided to stop their treatment with puberty suppression [5,6,7]. Puberty suppression is meant to create thinking time, nonetheless most adolescents seem to experience their treatment with puberty suppression as the first step into the transitioning of their gender [8,9]. Wiepjes et al. reported that only 1.9% of the adolescents who started treatment with puberty suppression after they applied for gender affirming treatment at the Amsterdam, eventually stopped this treatment [10]. Because reasons for stopping the medical treatment were not specified in this study and no other studies have focused on this subject yet, little is known about this group of adolescents. The aim of our study is to further improve the care for young transgender adolescents and to gain a better understanding of the development of their gender-identity. The objectives are to: 1) examine what the reasons were for the transgender adolescents to stop their medical treatment with puberty suppression; 2) examine how these adolescents further developed with regard to their gender-identity; 3) examine how these adolescents look back on their treatment with puberty suppression.

Methods

Semi-structured interviews will be conducted with the 10 adolescents who stopped puberty suppression to identify their considerations regarding the treatment.Themes that will be discussed are, among others, reasons for starting and stopping their treatment with puberty suppression, what their social environment thought of the treatment, the development of their gender-identity and how they look back on their treatment now. After transcribing the qualitative data, the main ideas for each question or topic will be formulated and eventually different themes will be identified. These themes will be described in a descriptive narrative.

Results and Conclusions

Preliminary results will be presented. We expect that by following up these adolescents, we will gain insight why adolescents who started puberty suppression did not continue and how these adolescent further developed with regard to gender-identity. In addition, we will gain insight in how these adolescents have experienced their period of puberty suppression use. We hope that these insights contribute in the further improvement of care for young

transgender children and adolescents.

Puberty blocking in transgender adolescents: How well-informed and open to change are the choices made at young age?

Thursday, 11th April - 15:45: Children & adolescents Session I: Outcomes of medical affriming therapies in transgender adolescents (Bramante 6)

Lieke Vrouenraets [1], ***Marijn Arnoldussen*** [2], ***Annelou de Vries*** [3], ***Sabine Hannema*** [1], ***Irma Hein*** [4], ***Thomas Steensma*** [3], ***Arne Popma*** [3], ***Martine De Vries*** [1]

1. *Leiden University Medical Center,* ***2.*** *VU,* ***3.*** *VU Medical Center,* ***4.*** *De Bascule*

Background

In international clinical guidelines the treatment with puberty blockers (PB) is described as an extended diagnostic phase in which the pubertal adolescents are provided time to make a balanced decision regarding gender affirming medical treatments [1;2]. Even though treatment with PB is described as an extended diagnostic phase, many transgender adolescents seem to experience PB as the first 'necessary' medical step of a seemingly indisputable trajectory with permanent physical changes (through gender affirming hormones and/or surgeries) in the end. If treatment with PB is seen as the first step to take in gender affirming treatment, very young children (from the age of 10) make a decision with life-long consequences, which may include reduced opportunities for fertility. Most adolescents that start suppression, continue with the (partially) irreversible steps of sex hormones and surgeries. However, concerns have been raised about the risk of regret, as gender identity could fluctuate during adolescence [3]. Furthermore there are worries about the impact of PB on physical, cognitive and psychosocial development and the development of a consistent gender identity [4]. An important issue in this regard is whether minors at such young age are capable of making decisions about treatment with such consequences [5]. One of the eligibility criteria for adolescents for treatment with PB according to the international guidelines is that the adolescent should have sufficient mental capacity to give informed consent to this treatment [1]. Children's competence to consent to treatment is a major issue in pediatric ethics, especially when it concerns consent for far-reaching treatments with possible side-effects. Up until now, little is known regarding child's competence except that it often proved difficult to assess a child's competence in clinical settings [6;7]. Nor is there empirical evidence on transgender children's or adolescents' competence to consent to treatment with PB. The aim of our study is to improve the decision making process in transgender adolescents regarding PB. The objectives are to: 1) examine whether treatment with PB is considered an extended diagnostic phase or the first 'necessary' medical step in the gender affirming trajectory by transgender adolescents themselves; and 2) examine how transgender adolescents themselves consider their competence to consent to treatment with PB.

Methods

Semi-structured interviews will be conducted to identify considerations of transgender adolescents in the Netherlands regarding treatment with PB. About 10 to 15 adolescents who are treated with PB and gender affirming hormones will be interviewed looking back on their treatment. Data collection will continue as long as new information comes up (data saturation).

Results and Conclusions

Preliminary results of these interviews will be presented. With this study we expect insight into whether treatment with PB is considered an extended diagnostic phase or the first 'necessary' medical step in the gender affirming trajectory. Secondly we expect to present how adolescents think about their capacities to make decisions on PB

and gender affirming hormones and whether they have experienced this differently for the two respective medical interventions. Based on these results, recommendations for clinical care will be given.

Sex Ratio of Transgender Adolescents: A Meta-Analysis

Thursday, 11th April - 14:30: Children & adolescents Session Ib: Characteristics of transgender adolescents (Bramante 7)

Kenneth Zucker [1], ***Madison Aitken*** [2]

1. *University of Toronto,* ***2.*** *Centre for Addiction and Mental Health*

Background

Beginning in the mid-2000s, there appeared to be a shift in the sex ratio of adolescents referred clinically for gender dysphoria, from one favoring birth-assigned males to one favoring birth-assigned females. This was documented empirically by Aitken et al. (2015), who provided evidence for this shift from two gender identity clinics housed at academic health science centers: one in Toronto, Canada and the other in Amsterdam, the Netherlands. In that study, the male:female sex ratio in Toronto changed from 2.11:1 (prior to 2006) to 1:1.76 (years 2006-2013); in Amsterdam, the corresponding sex ratios were 1.41:1 (prior to 2006) and 1:1.72 (years 2006-2013).

Methods

The present study tested the generalizability of these findings by examining the sex ratios in 44 samples of adolescents (ages 12-20 years), divided into three types: (1) representative samples of high school students who self-identified as transgender; (2) non-representative or convenience samples of adolescents diagnosed with gender dysphoria or who self-identified somewhere along the transgender spectrum, recruited from the community, facebook, etc; and (3) clinic samples of adolescents referred for gender dysphoria. We coded for sample type, age at assessment (M, 15.8 years), year of assessment (M, 2012.5), region (U.S./Canada; Europe/Scandinavia; Other), and the number of birth-assigned males and females in each sample.

Results and Conclusions

Across the three sample types (N=14,484), the male:female sex ratio (1:2.13) favored birth-assigned females in 39 of the 44 samples. In the 4 representative samples (N = 2694), the sex ratio was 1:1.93; in the 17 non-representative community samples (n = 4459), the sex ratio was 1:2.24; in the 23 clinic-referred samples (N = 7331), the sex ratio was 1:2.15. Within each sample type, a random effects meta-analysis showed significant heterogeneity (I^2ranged from 73.6-92.4%) (all ps < .0001). In a meta-regression analysis, we entered sample type, age at assessment, year of assessment, and region as the predictor variables (effect modifiers) and the proportion of birth-assigned females as the criterion variable. The representative sample type was used as the referent group. Year of assessment was significantly associated with a greater proportion of birth-assigned females in the samples at p < .0001 (95% CI, .010-.029), indicating more birth-assigned females in more recent years. Compared to the representative samples, the non-representative samples had proportionately more birth-assigned females (p = .0007, 95% CI, .066-.248), as did the clinic-referred samples (p = .0208, 95% CI, .015-.184). Age at assessment and region were not significant predictors. The non-representative and clinic-referred samples did not differ significantly from each other (p = .0661, 95% CI, -.003-.118).

The results of the present study confirmed the Aitken et al. findings of a birth-assigned female-biased sex ratio among adolescents referred clinically for gender dysphoria and a similar birth-assigned female-biased sex ratio in two other sample types: non-representative samples recruited from the community and representative samples of high-school students who self-identified as transgender. We discuss these data in relation to theory on the prevalence of gender dysphoria and why there appears to be a disproportionate percentage of birth-assigned females

who fall in the transgender spectrum.

Experiences and needs of transgender young adults with a history of suicidality regarding mental healthcare

Thursday, 11th April - 14:45: Children & adolescents Session Ib: Characteristics of transgender adolescents (Bramante 7)

Jennifer de Lange [1]***, Diana van Bergen*** [1]***, Laura Baams*** [1]***, Margaretha Timmerman*** [1]***, Henny Bos*** [1]

1. *University of Groningen*

Background

Rates of suicidal ideation and suicide attempts among transgender people are high. In prior research between 45% and 56.1% of transgender respondents was found to report suicidal ideation (Grossman & D'augelli, 2007; Testa et al., 2017). The gender minority stress and resilience (GMSR) model posits that transgender persons experience unique stressors related to their gender identity or expression, such as victimization, rejection, non-affirmation, and internalized transphobia (Testa, Habarth, Peta, Balsam, & Bockting, 2015). Their unique needs are often not met by healthcare services (Grant et al., 2011). Support from parents seems to be an important protective factor for risk for suicide attempts (Mustanski & Liu, 2013). The aim of this research is to explore experiences and needs of transgender young adults with a history of suicidality concerning professional mental healthcare, informal support and online mental healthcare. In addition, we wish to explore experiences and needs of *parents* of transgender youth with a history of suicidality.

Methods

From June 2018 until November 2018 semi-structured qualitative interviews are conducted among transgender young adults (aged 18-35 years old) from the Netherlands, who have experienced suicidality in the past. In addition, interviews are conducted among parents of transgender youth who have experienced suicidality in the past. Participants are recruited through LGBT organizations, and advertisements on social media. Data from the interviews are analyzed using thematic analysis.

Results and Conclusions

Our preliminary results show that participants experienced an interplay of multiple factors that contributed to their suicidality. Results regarding experiences with informal support show that most participants received support from friends and less support from parents. Results regarding experiences with formal mental healthcare show that most participants were not satisfied with mental healthcare they received and wished that mental health professionals improved knowledge about transgender issues. Data collection is ongoing and there are no preliminary results of parents' experiences and needs yet. Results regarding factors that contributed to suicidality are in line with previous research that showed a role for GMSR factors in suicidal ideation in transgender people (Testa et al., 2017). Results of this study can be used in understanding how factors play a role in the development of suicidal thoughts in transgender young adults, and in understanding how mental healthcare is experienced.

Children and adolescents referred to an Italian network of specialised gender clinics: gender presentation and psychological features.

Thursday, 11th April - 15:00: Children & adolescents Session Ib: Characteristics of transgender adolescents (Bramante 7)

Angela Caldarera [1], ***Chiara Baietto*** [2], ***Giovanni Castellini*** [3], ***Chiara Dalle Luche*** [4], ***Alessandra Delli Veneri*** [5], ***Massimo Di Grazia*** [6], ***Alessandra Daphne Fisher*** [7], ***Massimo Lavaggi*** [4], ***Elisabetta Lavorato*** [8], ***Valeria Mazzilli*** [9], ***Maddalena Mosconi*** [10], ***Daniela Anna Nadalin*** [11], ***Valeria Pace*** [8], ***Luca Palleschi*** [12], ***Luca Quagliarella*** [8], ***Jiska Ristori*** [7], ***Anna Paola Sanfelici*** [11], ***Fabiana Santamaria*** [9], ***Patrizia Stella*** [11], ***Gianluca Tornese*** [6], ***Damiana Massara*** [13]

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Background

A network of the Italian gender teams dealing with gender dysphoria in childhood and adolescence was established in 2012, within ONIG (Osservatorio Nazionale sull'Identità di Genere). In 2017 we presented the first data collected through a shared protocol of assessment and care: our results outlined a progressive increase in number of referrals, and the necessity of continuing in such systematic data collection. In addition, those results showed a difference between children with a cross-gender identification and children with a more fluid gender presentation, with the latters reporting higher rates of psychological suffering compared to the firsts. We will thus present the updated results of this multicentric study from to the Italian Network of Gender Clinics for Children and Adolescents, which involved the centers of Torino, Firenze, Torre Del Lago, Roma, Bologna, Napoli, Bari and Trieste. More specifically, we will outline: (1) the gender presentation and psychological features of these young people, and (2) the differences between cross-gender and non-cross gender identified referred children and adolescents in relation to psychological difficulties.

Methods

The shared assessment protocol includes a socio-demographic data sheet and a psychological case history form, filled out by the professionals working in each participating gender clinic, for children, adolescents and families of children consecutively referred to the centers. In addition to the demographic and social data, we analysed information about: preference for toys and activities in childhood, presence of gender-dysphoric feelings, age of onset and of coming out; feelings about pubertal development; education; perceived quality of family relations and of peer relations; bullying experiences; associated psychological difficulties; romantic experiences. Participants were divided in two subgroups: Cross-Gender Identified (CGI) and Non-Cross Gender Identified (non-CGI) children

and adolescents. Such distinction has previously been proposed by Kuvalanka, Weiner, Munroe, Goldberg, and Gardner (2017). Demographic characteristics of the group of participants, differences and association between variables were tested through descriptive and multivariate statistics through the software SPSS.25.

Results and Conclusions

Up until now (data collection is ongoing) we collected data on a total sample of 285 children and adolescents aged 3 to 17. The mean age of the group is 14.37 (SD= 3.21), although 83.7% of the group is aged 13-17; participants' assigned gender at birth was female for 52.3% of the group; 69.4% were assigned to the CGI group and 30.6% to the non-CGI group. The progressive increase of referrals across years we outlined in Belgrade, 2017 is confirmed, considering that, in two years, numbers have more than doubled. As regards differences between children and adolescents assigned to the CGI and non-CGI groups, our preliminary results show that, while rates of psychological suffering are higher in the non-CGI group, bullying experiences present a similar distribution in the two groups.

Our result indicate the importance of (1) studying the factors underlying the higher rate of psychological suffering among children and adolescents assigned to the non-CGI group, (2) outlining the role of protective factors for psychological wellbeing including peer relations, family acceptance, and (3) of implementing a non-binary informed model of care.

Ethnicity and Gender Diversity in Children and Young People

Thursday, 11th April - 15:15: Children & adolescents Session Ib: Characteristics of transgender adolescents (Bramante 7)

Ilham Manjra [1]***, Ian Russell*** [1]***, Nastasja De Graaf*** [1]***, Anna Hames*** [1]***, Claudia Zitz*** [1]

1. *The Gender Identity Development Service, Tavistock and Portman NHS Trust*

Background

Little is known about how ethnicity, culture and religion influence and interact with gender identity development and experience. Understanding these relations is essential for gender specialist clinics in order to provide suitable care for those seeking support with their gender identity exploration, especially from black and minority ethnic (BME) cultures and backgrounds. However, data exploring the experience of individuals diagnosed with gender dysphoria from diverse ethnic backgrounds is almost non-existent.

Methods

The principal focus for this study was to report on the self-defined ethnicities of children and young people under 18 years old referred to United Kingdom's (UK) national Gender Identity Development Service (GIDS), and compare this ethnicity data set to the diverse population of the UK today and the populations seen in Child and Adolescent Mental Health Services (CAMHS) in the UK (as additional data sources). An evaluation of all available self-defined ethnicities retrieved from a patient demographic form was conducted for those GIDS referrals accepted between April 2016 and March 2017 (n = 856). Ethnicity data, collected as part of the standard GIDS assessment process, was obtained by the "16+1" NHS defined ethnicity list.

Results and Conclusions

Only 6.65% of the 856 referrals were from a BME background, an underrepresentation when compared to the national UK (14%) and CAMHS (15%) populations. To understand this figure, the White ethnicity group and the overall BME group were compared with each other in terms of the average number of appointments offered by the Service, the average number of attendances or cancellations by the young people, and the number of young people accessing physical treatment. In light of this data, the authors offer hypotheses around the potential barriers BME users may face in accessing and engaging with gender services.

The complex definitions of ethnicity, and the overall low BME numbers, make it difficult to generalise conclusions from the data. Therefore, the authors have used this opportunity to stimulate discussion about how ethnicity may interact with gender identity development and experience; the hypotheses presented may help future studies, with the aid of additional data sources, to supplement this much under-researched field.

Healthcare provider needs and wishes for training on trans patients and clients in five European countries

Thursday, 11th April - 14:30: Social Sciences Session I: health care practices, training & ethics (Bramante 10)

Aisa Burgwal [1]***, Joz Motmans*** [1]

1. *Ghent University*

Background

In the past decade, an increasing number of publications have focused on transgender health. Transgender individuals experience a variety of challenges in gaining access to healthcare. Lack of training on the part of providers about how to deliver competent care to transgender people has been cited as contributing to this problem. This study presents a set of preliminary results regarding the wishes and needs of healthcare providers for training on trans people. The purpose of this study is to map the current state of knowledge and training on trans people among healthcare providers, their confidence in working with trans people, as well as their wishes for training.

Methods

Using an online, anonymous questionnaire, healthcare providers (ranging from surgeon to administrative staff) from five different European countries (Georgia, Poland, Serbia, Spain and Sweden) were questioned. The survey assessed different topics, ranging from experiences with training on trans people, wishes for training on trans people, knowledge about the organisation of healthcare to the evaluation of general and trans-specific healthcare.

Results and Conclusions

Quantitative data-analysis indicated that only half of all healthcare providers (52.4%) have had training about trans people. Half of all healthcare providers have average to very low confidence in working with trans people. Training was associated with significantly more confidence among healthcare providers, compared with providers who have had no training. Almost all healthcare providers want training in order to increase their level of competence in working with trans people. The majority preferred this training to be part of their mandatory professional development, provided by a trans- or LGBTI organisation and in the format of a course organised by a healthcare provider specialised in trans-specific healthcare. In terms of knowledge, almost one in four do not know where to refer to for trans-specific healthcare which they do not offer themselves (21.7%) or do not know any trans support groups (24.0%). 41.4% have no knowledge about the existence of a protocol for trans-specific care. As to conclude, the authors propose recommendations to guide curriculum developers and trainers in developing content and structure and to facilitate implementation of trainings.

Improving mental health care: perspectives from care users and care providers

Thursday, 11th April - 14:45: Social Sciences Session I: health care practices, training & ethics (Bramante 10)

Tim de Jong [1], ***Jos Vroege*** [2]

1. *Parnassia Groep Academie / Atria Institute on gender equality,* ***2.*** *Parnassia Groep Academie / PsyQ*

Background

A Dutch survey (Keuzekamp, 2012) revealed that one out of three trans people searching mental health care experienced that the care provider wanted to give help but didn't have enough knowledge on the topic; 17% experienced that the care provider was not willing (or seemed not to be willing) to help; 5% met with a professional who refused to help. It is unknown whether these experiences also apply to clients of the Parnassia Groep.

The same study revealed that many trans people are confronted with mental health problems such as depression and anxiety. Unemployment rates are high, as well as the prevalence of discrimination, harassment and violent interaction. Trans people have difficulty finding mental health professionals with expertise on trans issues and often face trans-unfriendly attitudes from care providers.

These findings were reason for the Parnassia Groep Academie to initiate a qualitative research into the experiences of both care users and care providers regarding the quality of the treatment. The study is carried out by a researcher with experiential expertise (TdJ), to optimize the use of clients' perspectives.

Methods

In this study we tried to find answers to the following questions: How do care users and care providers evaluate the quality of the received care? What is going well and what can be improved?

Aspects that we focused on were: satisfaction with treatment, knowledge level of care providers, respectful treatment, the need for gender neutral toilets, experiences with group therapy for trans people, the added value of experiential experts, treatment location (travel time) , collaboration with gender identity clinics.

The qualitative study consisted of:

(1) Questionnaires filled in by adult trans people (and their partners) who undergo treatment and care providers.

(2) In-depth interviews with both adult care users and care providers.

Results and Conclusions

The questionnaires were completed by 51 persons: 25 clients of whom 6 were adolescents (18-23y), 26 care providers of whom 10 work with children and adolescents.

29 people were interviewed: 15 clients (of whom 8 received group treatment) and 14 care providers.

Preliminary results show that trans-sensitive care is meaningful for the care users. Expertise on transgender issues is highly valued, as well as respectful treatment as shown in a sensitive use of pronouns. Care providers express the need for more knowledge on trans issues, by ways of study, collegial exchange and easy available online information. Both care users and care providers wish more collaboration between mental health care and gender identity clinics. Treatment groups are valued highly by participants. More regional spread is wanted by some, as travel time can be an obstacle.

Success factors, critical remarks and suggestions made by both care users and care providers point the way to improve mental health care services. Needs of clients can be met by giving them a voice and working together towards the common goal of supplying trans-sensitive and high quality mental health care.

What do Flemish health care providers know about transgender persons and transgender health care? A study into their knowledge, attitudes and experiences.

Thursday, 11th April - 15:00: Social Sciences Session I: health care practices, training & ethics (Bramante 10)

Els Elaut [1]***, Sharon Bruggeman*** [2]***, Joz Motmans*** [2]

1. *Ghent University Hospital,* ***2.*** *Ghent University*

Background

It is well known that transgender health care worldwide is being consulted by an increasing number of individuals (Arcelus et al, 2015). Flemish and Dutch population-based studies estimate the prevalence of transgender individuals between 0.6% and 1.1% (Van Caenegem, et al, 2015, Kuyper & Wijsen, 2013). In the Dutch-speaking part of Belgium, the Flemish government has already helped funding initiatives and websites such as www.transgenderinfo.be. At the same time, a lot of obstacles to health care remain. One third of transgender individuals reports a change in primary care physician due to a trans phobic reaction (Motmans, 2009). Also, psychologists are experienced as lacking sufficient knowledge on the topic and are being 'trained' by people consulting them (Bradford et al, 2013). While these situations lead to transgender persons being withheld appropriate physical or mental health care, a substantial group of health care providers (HCPs) (psychologists, primary care physicians, psychiatrists, counselors, etc) in Flanders do not always master the skills to be able to provide transfriendly health care in their curriculum.

Methods

The present study was inspired by the survey 'Overdiagnosed but underserved', performed by Transgender Europe (TGEU) in five European countries (Smiley et al, 2017). An online survey assessing the knowledge on (Transgenders Pediatric Survey, Turban et al, 2017), experience with, and attitude towards transgender individuals (Gender Belief Scale, Latka et al, 2009) was sent out by the main professional organizations of Flemish clinical psychologists, sexologists, psychiatrists, primary care physicians and counselors.

Results and Conclusions

We will report on the percentage of Flemish HCPs that report to have experience with transgender individuals consulting for health care. We expect the majority will have only limited experience with assisting transgender individuals in their clinical practice. Further, we assume a relationship between the extent of experience and HCPs' estimation of their own competences. Hence, we expect a majority to report a significant need for further information and training. We will also assess in which format and by whom HCPs want to receive training.

Transition-related health risk behaviour in transgender sex workers in Antwerp

Thursday, 11th April - 15:15: Social Sciences Session I: health care practices, training & ethics (Bramante 10)

Judith Van Schuylenbergh [1], ***Joz Motmans*** [1], ***Justine Defreyne*** [2], ***Anna Somers*** [1], ***Guy T'Sjoen*** [3]

1. *Ghent University,* ***2.*** *Ghent,* ***3.*** *Uz Gent*

Background

Research indicates that a significant portion of transgender women are involved in sex work, which is mostly attributed to discrimination of transgender persons on the labour market. Transition-related health risk behaviour, such as uncontrolled hormone use, auto-medication and the use of silicone injections, may lead to several adverse health outcomes for transgender persons. Transgender sex workers are a vulnerable group within the transgender population, who might be at increased risk for these health risk behaviours because of economic marginalisation. However, European research into this topic and risk population remains largely absent. This study is the first exploring these risk behaviours in a European sample of transgender sex workers, as well as the association with their socio-demographic characteristics, their work and their migration pathways.

Methods

This study explores the prevalence of uncontrolled gender-affirming hormone use and silicone injections among transgender sex workers working in window-based sex work in the Antwerp red light district (Belgium), as well as their socio-demographic characteristics and migration pathways. In co-operation with two outreach organizations providing sexual health services to sex workers, a face-to-face survey was carried out among 46 transgender sex workers. Descriptive analyses of this survey sample were supplemented with 9 in-depth interviews with transgender sex workers, which were analysed using Grounded Theory.

Results and Conclusions

The population of transgender sex workers working in the Antwerp' red light district has specific socio-demographic characteristics: they are all assigned male at birth, 83% identifies as female and 76% is from Latin-American descent, mainly from Ecuador. However, a variety of migration pathways is cited, and 30% cites travelling internationally to work, which influences their access to healthcare. Transition-related health risk behaviours are prevalent: current uncontrolled hormone use rate is 32%, and a lot of participants do not follow regular hormone regimens. Engaging in sex work appears to be an important reason for this uncontrolled gender-affirming hormone use and auto-medication, as gender-affirming hormones frequently cause erectile dysfunction and an erection is often required when engaging in transgender sex work. Of all participants, 65% has had silicone injections in one or more parts of the body, and 43% of them cites health problems due to these injections.

Conclusion

When addressing this population's health risk behaviour, the specific characteristics of this largely invisible but highly vulnerable population should be taken in account, as well as their work and migration pathways. Access to health care and social services should be ensured, and culturally tailored health interventions that take into account their social context as well as their gender identity should be developed.

The experiences of gender variant youth with autism spectrum disorders: parent perspectives on clinical services

Thursday, 11th April - 14:30: Social Sciences Session Ib: Family matters (Bramante 11)

Walllace Wong [1], ***Veronique Nguy*** [2], ***Jaime Semchuk*** [2]

1. *Diversity Emotional Wellness Center,* ***2.*** *University of British Columbia*

Background

Accumulating research indicates that children and adolescents with co-occurring autism spectrum disorders (ASD) and gender variance (GV) are identified at higher rates than would be expected by chance. The clinical assessment and treatment of this population can prove complex, due to the developmental aspects of ASD. Recently, clinical care guidelines for this population were developed by obtaining consensus among professional with expertise in the field. However, these guidelines lacked the contribution of the expertise afforded by those with lived experience. In order to better understand and provide effective clinical services for this population, it is important to learn about the perspectives of key stakeholders with an insider perspective, including youth and their caregivers. To date, only one published study has investigated the perspectives of mothers of GV youth with ASD. The present study seeks to expand upon this body of research by asking the following question: What are the experiences of parents of GV youth with ASD when accessing clinical services in Canada?

Methods

To investigate this research question, a semi-structured focus group interview was conducted in March 2018. Interview questions were developed collaboratively with members of the research team and a review of current literature. Participants were recruited from a community-based mental health clinic that provides gender health services in the Lower Mainland of British Columbia, Canada. Informed consent was obtained from all participants. The focus group included 6 parents of a youth with a diagnosis of ASD who identifies as GV (e.g. transgender, non-binary, gender fluid). The focus group was audio-recorded, transcribed, and analyzed for themes using qualitative thematic analysis. Emergent themes across the parent focus group were identified.

Results and Conclusions

While data is still being analyzed at the time of abstract submission, preliminary findings include themes related to parents' experiences of supporting their child with ASD through the process of gender identity consolidation, parents' experiences working with clinical professionals, and perceived needs related to clinical services. This research will contribute to the emerging body of literature related to youth with ASD who identify as GV. To our knowledge, this is one of the first few studies that explore the perspectives and experiences of parents within this population. These findings will help to inform recommendations for clinical professionals who support GV youth with ASD and their families.

Surrogate mothers and brotherhood in trans youth communities

Thursday, 11th April - 14:45: Social Sciences Session Ib: Family matters (Bramante 11)

Joz Motmans [1]

1. *Ghent University*

Background

As in many countries, the amount of young trans people coming out to their true selves is increasing rapidly in Belgium in the last five years. More and more families with under aged children are looking for qualitative care for themselves and their children (over 100 new families entered the trans youth care facility at our university in the last year). Although trans care is provided and even more so, large part of this care is funded, the daily situation of many adolescent trans person is quite hard, since the broader social structures in which they live, such as school and leisure time clubs, are not trans inclusive. Recently we have witnessed a wave of suicides in the young trans community, for which in many cases, the lack of support from the birth parents is a key element.

In-depth interviews with trans youth (aged 12-24) as well as with parents (minimum 30 in total) are being conducted in 2018. Topics such as informing friends and family, as well as experiences with friendships and care providers, support networks, school …, are the focus of the research. Through the interviews we detected the role of "surrogate mothers" (how supportive mothers of trans youth support friends of their kids who lack this parental support) and the role of "brotherhood" (how friendship among trans men take the role of "big supportive brother") among trans youth. The discourses used point at the concept of 'families of choice', the commitment of chosen, rather than fixed, relationships and ties of intimacy, care and support (McCartney & Edwards, 2011). The results highlight how alternative supporting networks in trans communities and allies, are used to overcome the failure of families of origin and the state to respond adequately to the need of trans youth.

Methods

In-depth interviews with trans youth (aged 12-24, n=22)) as well as with parents (n=28) from 29 different families were conducted in 2018. Topics such as informing friends and family, as well as experiences with friendships and care providers, support networks, school …, were the focus of the research.

Results and Conclusions

Through the interviews we detected the role of "surrogate mothers" (how supportive mothers of trans youth support friends of their kids who lack this parental support) and the role of "brotherhood" (how friendship among trans men take the role of "big supportive brother") among trans youth. The discourses used point at the concept of 'families of choice', the commitment of chosen, rather than fixed, relationships and ties of intimacy, care and support (McCartney & Edwards, 2011). Also, different experiences regarding care and self-care were deteced among trans families. The results highlight how alternative supporting networks in trans communities and allies, are used to overcome the lack of families of origin and the state to respond adequately to the need of trans youth and their families.

"…I'm not unaccepting, I'm just concerned…". Supporting trans youths' parents in Poland.

Thursday, 11th April - 15:00: Social Sciences Session Ib: Family matters (Bramante 11)

Anna Kłonkowska [1]

1. *University of Gdansk*

Background

The dominant notion of gender identity in Poland is strongly influenced by the essentialist paradigm and immersed in the Eastern European and Polish-centered gender roles' concepts. Gender and bodily diversity is being stigmatized and pathologized. Thus, not only trans individuals, but also parents of trans youth often experience social oppression and their parenting skills are being questioned by the social environment. This may cause self-accusations and influence the parents' attitudes towards their children's gender (dis)identity.

Methods

The paper features the outcomes of a qualitative study research project. The research, based on in-depth, intensive, semi-structured interviews collected in Poland among parents of trans youths, has been inspired by the author's experiences from facilitating support groups meetings: for trans persons, for the families of trans persons and from individual psychological-support sessions. Regarding the confidential nature of these meetings, none of the originating data have been used for the purpose of the research project. The research participants had been recruited through the snowball sampling method. All of the participants were informed of the scope and purpose of the study. The interviews were conducted in Polish, recorded and transcribed personally by the author of this paper.

Results and Conclusions

The results of the research present the attitudes of trans youths' parents in Poland towards their children's gender (dis)identity: the initial reactions to their children's coming-out; personal emotions and feeling; the process of reframing and reworking their stances; responses to the social environment's expectations and the impact of stereotypically defined Eastern European and Polish-centered gender roles; concerns regarding upbringing a trans child in a conservative society and under the current political circumstances in Poland; attitudes towards specific Polish practices (unfavorable to parents) regarding the legal gender recognition. The outcomes of the collected interviews also indicate the parents' hints regarding the ways in which adolescent trans persons can mitigate the guardians' angst and psychological distress and – as a consequence – reinforce the parents' insight into their children's feelings, amplify the capability of supporting their children and coping with the adverse social environment. The conclusions reflect on the counselor's role in supporting the trans youths' parents in reference to the aforementioned concerns and circumstances.

Influence of the transition on partner relations: What makes a relationship survive?

Thursday, 11th April - 15:15: Social Sciences Session Ib: Family matters (Bramante 11)

Gillian Lentferink [1], Eva-Marijn Patty-Stegemann [1], Mark Hommes [1], Arjan Bos [1]

1. *Open University of the Netherlands*

Background

The transition of transgender individuals can bring about fundamental changes, not only for the transgenders themselves but also for the people close to them. This is especially so for their spouses, since the change of gender often reaches the core of the relationship and can have a direct impact on their own (sexual) identity (Geurtsen, 2016; Patty-Stegemann, Hommes & Bos, 2017). Empirically based studies on the impact of a transition on relationships and the experiences of spouses are scarce (Coolhart, Ritenour & Grodzinski, 2018). In this paper we present a qualitative study on the impact of the transition on the relationship with the spouse. In this study we focused on specific situations concerning the transition (e.g. coming-out, pace of the transition, changing sexuality and sexual identity and -orientation, feelings of loss) in view of more general aspects of relation quality (e.g. communication, commitment, self-verification and trust). Furthermore we investigated how both trans- and cis gender partners cope with the challenges they encounter during this process, and aspects they consider important for the 'survival' and the quality of the relationship.

Methods

We conducted 18 separate in-depth interviews, with transgender individuals and partners from 9 couples of whom one of the partners transitioned (sometimes partially) during the relationship. The transitioning partners were 6 trans women and 3 trans men. The non-transitioning partners were all cis-gender, 8 women and 1 man. Participants were recruited through networks of transgender people and leaflets in waiting rooms of transgender health institutions in the Netherlands. Despite our effort to find ex-partners of split-up couples, all couples that participated were still together after the transition.

A semi-structured interview protocol was used. The interviews lasted 90 minutes on average.

Results and Conclusions

During the presentation we will highlight the main outcomes of this study. This includes the timing of the coming-out and its impact on trust; the importance of communication in negotiating the pace of the transition; feelings of loss and grief and the way couples dealt with changes in sexuality, sexual orientation and sexual attraction.

Although the amount of relationship commitment prior to transition varied over the couples, most of them expressed a strong commitment to the relationship afterwards. Relationship commitment may well have been an important criterion for participating in this study, so we must be careful to generalize the results. Nevertheless the participants in this study show how their relationships survived and often even grew stronger during the intense process of the transition of one of the partners. Their experiences can help others in the same situation.

Although the participating couples ended up well, the study also revealed their wish for more professional help during the transition in coping with the impact of it. The outcomes of this study may serve as a basis for quantitative research and can be used to develop theory- and evidence based support programs targeting trans couples.

Hidden trans woman and her marriage and sex life

Thursday, 11th April - 15:30: Social Sciences Session Ib: Family matters (Bramante 11)

Sahika Yüksel [1], ***Berna Ozata*** [2], ***Eren Yildizhan*** [3]

1. *Istanbul University,* ***2.*** *Bakirkoy Mental Health Hospital,* ***3.*** *Bakirköy Mental Health State Hospital*

Background

Sex is considered a private matter between partners. Sex reassignment surgery (SRS) is a procedure that is becoming increasingly common.

Some trans individuals conceal their trans individuality and transformation they have undergone after the gender transition in places where transphobia is high. Therefore some individuals, who collaborated with us in their transition preparation period, tend to evade meeting us after the sex reassignment surgery. This means that we may have a limited opportunity to observe how trans individuals experience their new identities. In this presentation a trans woman will be discussed whom we followed up, 7years.

Methods

36 years old, married, 5 years ago she had 5 SRSs. She sought help with emotional and sexual problems. DSM-IV-TR Axis I Disorders , Self Esteem Scale, Arizona Sexual Experiences Scale (ASES) were administered before transition and 5 years after SRS.

Results and Conclusions

Ayşe has been perceived female by her husband and her family members. Her gender transition was kept a secret. Ayse met BPD and past PTSD diagnosis. She has been working as a switchboard operator, has moderate income. During her childhood she was exposed to physical abuse by her father. At the age of 19 she left home.

Ayşe's husband Hasan did not mention any problems. He said that he came only because his wife asked for it. Though no complete clinical examination was made, Hasan was diagnosed as being schizoid. Their emotional and sexual story was obtained only through Ayşe.

Ayşe was a person with sexual drive before and after SRS. She is happy with the SRS and identity change.

The clinical evaluation indicates positive development after SRS in terms of psychological condition. ASES Score: 13 (Before SRS and after SRS).

Conclusion: Studies confirm SRS improves the lives of transgender people, although this doesn't necessarily extend to the sexual functioning. Ayşe is happy living as a married woman yet she has sexual problems with her husband. It was found out that Hasan in general showed a lack of interest and was limited in terms of his social relationships. This affected their relationship negatively. On the other hand, these observations were a kind of advantage, considering the fact that Hasan either did not know or pretended not to know anything about his wife's trans history.

Ayşe is a trans woman living on her own who has been ostracized and exposed to violence by her own family. She faces the risk of losing her job and being subjected to violence by her environment. Being a married woman supports her image as a heterosexual woman.

In some marriages sexual satisfaction and intimacy does not serve as the most crucial factor in the establishment and maintenance of a relationship. Her status as being married to Hasan, a quiet person who does not question the existing situation, has reinforced the security of Ayşe's life.

Sexual satisfaction and function are closely related but are not the same thing and many transgender people may compromise to some extent on functionality if it means/provides greater sexual satisfaction.

Breast augmentation in trans women receiving hormone treatment: prevalence and satisfaction

Thursday, 11th April - 14:30: Endocrinology Session I: Gynaecology and Fertility (Bramante 14)

Christel De Blok [1]***, Annemieke Staphorsius*** [1]***, Chantal Wiepjes*** [1]***, Frank Niessen*** [1]***, Jan Maerten Smit*** [1]***, Prabath Nanayakkara*** [1]***, Martin Den Heijer*** [1]

1. *Amsterdam UMC, location VU University Medical Center*

Background

Trans women receiving gender-affirming hormone treatment (HT) often experience their breast development as modest and disappointing. Therefore, they sometimes choose to undergo breast augmentation besides HT. However, the prevalence of breast augmentation in trans women and their considerations in the decision to undergo breast augmentation are unknown. This study aimed to gain more insight in these factors as well as the prevalence of possible health complications related to breast implants in trans women receiving HT.

Methods

All transwomen who visited the outpatient clinic of the VU University Medical Center, Amsterdam, the Netherlands, and started HT before August 2018, were invited to participate. These transwomen received an anonymous questionnaire with questions regarding whether or not they underwent breast augmentation, what the reasons for this decision were, and whether they experienced (health) complaints of their breast implants.

Results and Conclusions

Results: A total of 3,074 trans women received a questionnaire, of which up to now, 934 (30.4%) were returned (725 filled out questionnaires, 209 return to sender). Reasons for return were that the trans woman had moved (n=155), was deceased (n=15), or other (n=39). Of the trans women who filled out the questionnaire, 291 (40%) had breast implants and 433 (60%) had not. The trans women who did have a breast augmentation were older at time of the survey (median 54 (IQR 45-63) vs 45 (IQR 29-57) years), were slightly younger when they started HT (median 34 (IQR 23-45) vs 36 (IQR 24-47) years), and therefore used HT for a longer period of time (median 17 (IQR 8-26) vs 4 (IQR 2-11) years) than trans women without breast implants. Nearly 80% of the trans women who underwent breast augmentation were satisfied with the result. However, 24% of the trans women with breast implants experienced local inconvenience and 21% experienced subjective systemic health complaints, such as tiredness, concentration disorders, or myalgia. Breast augmentation was performed before the start of HT in 8 trans women. The other trans women underwent breast augmentation after a median of 2 years of HT (range 1-42). Of the trans women without breast implants, 290 (67%) trans women considered a breast augmentation. Reasons not to undergo breast augmentation included ‘happy with the breast growth gained with HT’ (n=85), ‘awaiting further breast growth with HT’ (n=54), ‘financial limitations’ (n=80), ‘afraid of complications’ (n=19), and other reasons (n=43).

Conclusions: In this study, 40% of the trans women underwent breast augmentation besides HT. Trans women who underwent breast augmentation were older at time of the survey and used HT for a longer period of time than trans women who did not undergo breast augmentation. Although most trans women were satisfied with the results of the breast augmentation, approximately one fifth to a quarter of the trans women with breast implants also experienced health complaints which they attribute to their implants. These findings might help trans women in their consideration whether or not to undergo breast augmentation.

Fertility preservation uptake and sperm banking success among adolescent registered male at birth

Thursday, 11th April - 14:45: Endocrinology Session I: Gynaecology and Fertility (Bramante 14)

Elena Monti [1], Raheala Wafa [2], Alice Roberts [1], Sara Klecxewski [3], Kirpal Adu-Gyamfi [4], Sandra Walton-Betancourth [1], Elizabeth Williamson [2], Gary Butler [1]

1. *Gender Identity Development Service adolescent endocrine clinic, University College London Hospital,* ***2.*** *Fertility and Reproductive Medicine Unit, University College London Hospital,* ***3.*** *Gender Identity Development Service adolescent endocrine, University College London Hospital,* ***4.*** *Gender Identity Development Service adolescent endocrine clinic and Reproductive Medicine Unit, University College London Hospital*

Background

GnRH analogue (GnRHa) and subsequent oestrogen treatments are offered to adolescent registered male at birth (RMAB) who finds medical treatment beneficial. Side effects include impairments in gonadal histology that may cause infertility or biological sterility. Current guidelines encourage professionals to address potential infertility risk and fertility preservation options with transgender youth and their families before starting these treatments. The aim of this study was to examine fertility preservation uptake and rate of sperm banking success among RMAB seen in our adolescent endocrine clinic.

Methods

This is a retrospective study on the young people with *a gender dysphoria diagnostic code*in the Identity Development Service (GIDS) liaison adolescent endocrine clinic (EC). Between 2015 and 2017, 179 RMAB were referred to the GIDSEC. Fertility counselling was documented. Young people could also choose to opt for professional fertility clinic counselling.

Results and Conclusions

60 RMAB (34%) requested referral to the fertility laboratory. Mean age at referral was 16.4 (±1.9 years). Group 1: 13 RMAB < 15 years (13.4 ±0.8); Group 2: 47 ≥15 years (17.2 ±0.9).

-RMAB opted for professional fertility counselling: Group 1: 11 (85%), Group 2: 36 (75%)

The majority did so before any medical intervention (11 in group 1 and 33 in group 2); few while on GnRHa (2 in group 1 and 13 in group 2); 1 in group 2 was on oestrogen.

-RMAB uptake of fertility preservation: Group 1: 10 (77% of the total 13); Group 2 :28 (58% of the 47). Mean number of visit was1.9 (±1.1 SD) in group 1 and 1.4 (±0.6 SD) in group 2.10 (69%). The majority weren't sure of the future use of the sample (69% in group 1 and 38% in group 2).

-The results of Sperm banking respectively in group 1 and 2 were (considering that 4 RMAB from group up 2 are on the waiting list):

→successful in 7 (54% of the 13 referred) and 26 (54% of the 47 referred) →

→unsuccessful in 2 (15%) and 7 (15%)

→declined in 2 (15%) and 8 (17%)

In summary this cohort of RMAB had a good rate of sperm banking success, regardless of their age. Interestingly lack of clarity regarding the future use of sperm samples among young participants decreased as the group got

older. If fertility preservation is handled sensitively in young RMAB, a high success rate can be obtained and should therefore be considered early in the transition process. Developmentally appropriate fertility counselling is essential and specific pathways and guidelines are needed.

Chances for fertility preservation in trans women diagnosed with gender dysphoria in a German multi-center setting

Thursday, 11th April - 15:00: Endocrinology Session I: Gynaecology and Fertility (Bramante 14)

Florian Josef Schneider [1]***, Bettina Scheffer*** [1]***, Nina Neuhaus*** [2]***, Stefan Schlatt*** [2]***, Sabine Kliesch*** [3]

1. *Department of Clinical and Surgical Andrology, Center of Reproductive Medicine and Andrology, University of Münster,* ***2.*** *Institute of Reproductive and Regenerative Medicine, Center of Reproductive Medicine and Andrology,* ***3.*** *Department of Clinical and Surgical Andrology, Center of Reproductive Medicine and Andrology*

Background

Persons diagnosed with gender dysphoria (GD) undergo cross-sex hormone therapy (CSHT) until the day of gender confirming surgery (GCS). In Germany, interdisciplinary centers for treating GD are rare, hence there are challenges in service delivery according to the standards of the WPATH, especially concerning fertility preservation. Auer *et al.* (2017) reported, however, that 70% of German persons diagnosed with GD had the wish to have children, but fertility methods are hardly being pursued. Especially since we could show that 21% of trans women showed qualitatively normal spermatogenesis on the day of GCS (Schneider et al. 2015), testicular sperm extraction techniques could offer a chance for fertility preservation. The aim of this study is to present the results of hormonal and testicular evaluation in a multi-center setting over 6 years in order to set up a future concept for fertility preservation methods in trans women diagnosed with GD.

Methods

Between 02/2012 and 06/2018 268 trans women diagnosed with GD could be included. In total 354 testicular tissues and 226 questionnaires about CSHT from 268 persons could be obtained on the day of GCS. The patients were included from three German clinics with different treatment regimens. 48 persons took CSHT until GCS, 178 stopped the therapy 2 weeks before and another 40 4-6 weeks before GCS. Testicular tissue was evaluated according to Bergmann&Kliesch. Gonatropins and serum testosterone was measured with commercial ELISA and estradiol with immunofluorometric assays.

Results and Conclusions

Most of the patients (*N*=168) took cyproterone acetate (CPA) and estrogens as CSHT. The average dosage of CPA was 23,63 mg/d (min 0,25 mg/d, max 150 mg/d) for an average period of 29,15 months (min 5 months, max 169 months). Mean serum testosterone was 8,86 nmol/l (SD 8,6 nmol/l) and mean serum estradiol was 195,9 pmol/l (SD 382,4 pmol/l) on the day of GCS. Mean testicular weight was 11,35 g (SD 4,6 g). According to Bergmann/Kliesch 39 testicular tissues showed complete spermatogenesis, 63 meiotic arrest, 95 spermatogonial arrest, 38 Sertoli-Cell-Only syndrome and 3 tubular shadows. None of the patients from the three cooperating clinics pursued fertility preservation.

In the same period another 12 trans women presented in our clinic for councelling, including fertility preservation. Three of them successfully cryopreserved semen specimen with terato- and normozoospermia.

Sperm cryopreservation of semen can be offered before and during CSHT if sex gonadotropins, sex hormones and testicular size suggest spermatogenic activitiy and if the persons are not challenged psychologically by masturbation. Otherwise testicular sperm extraction could be offered prior to or during CSHT. The evaluation of the testicular tissue revealed in 16% of patients at least qualitatively intact spermatogenesis and thus offer the chance for positive sperm retrieval with TESE procedures. Even in younger patients at the peri- or prepubertal stages immature

testicular tissue could be offer to be cryopreserved experimentally following our Androprotect® protocols.
Trans women should be counceled regarding fertility preservation options. Research activities can be enhanced to better understand the needs for and to improve fertility preservation options at the different stages of the gender confirming process.

Influence of cross-sex hormone therapy on testicular peritubular myoid cells from persons diagnosed with gender dysphoria on the day of gender confirming surgery

Thursday, 11th April - 15:15: Endocrinology Session I: Gynaecology and Fertility (Bramante 14)

Jennifer Dabel [1]***, Laura Heckmann*** [1]***, Joachim Wistuba*** [1]***, Stefan Schlatt*** [1]***, Sabine Kliesch*** [2]***, Nina Neuhaus*** [1]***, Florian Schneider*** [1]

1. *Institute of Reproductive and Regenerative Medicine, Center of Reproductive Medicine and Andrology,* ***2.*** *Department of Clinical and Surgical Andrology, Center of Reproductive Medicine and Andrology*

Background

Little is known about the influence of cross-sex hormone therapy (CSHT) on testicular peritubular myoid cells (PMC) in persons diagnosed with gender dysphoria (GD). In Germany, anti-androgens such as cyproterone acetate (CPA) in combination with different forms of estrogens are used to achieve physical adaption in trans women diagnosed with GD before gender confirming surgery (GCS). CPA is a testosterone antagonist and leads to downregulation of the hypothalamic-pituitary-gonadal axis. Effective treatment leads to suppression of spermatogenesis coming along with regressed and degenerated tubules. Alterations of PMCs caused by CSHT are barely investigated. α-smooth muscle actin (SMA) is a marker protein for the differentiation status of PMCs and its expression is mediated by androgens.

The aim of this study was to assess the influence of CSHT on PMCs based on expression analysis of SMA.

Methods

30 testicular tissues from trans women diagnosed with GD (16-57 years; ∅ 38.3 years) were collected on the day of GCS. CSHT included CPA (10-12mg) and estrogens. The most advanced germ cell type was determined for each tubule. Immunohistochemical staining was performed for SMA and each tubule on one section per patient was evaluated semi-quantitatively. Intact tubules were assigned to one of the following categories: 100%, >50%, <50% or 0% of SMA-positive PMCs. Furthermore, thickness of the tubular wall, including the basal membrane, was measured. Testicular tissue from adult men with qualitatively intact spermatogenesis (n=5) served as controls.

Results and Conclusions

The 30 testicular tissues contained in total 7.330 cross sections of tubules and half of these contained germ cells at different stages of differentiation. Importantly, the most advanced germ cell type of the tubules was highly heterogeneous within the individual samples. Regarding the staining pattern of SMA, the number of tubules with 100% stained PMCs was highest in controls with normal spermatogenesis and reduced in patient samples (45% of tubules with elongated spermatids; 22% spermatogonia; 7% Sertoli cell-only and 1% of tubular shadows). In contrast, the proportion of 0% stained PMCs was lowest in controls and increased in samples with impaired spermatogenesis (0% of tubules with elongated spermatids; 7% Sertoli cell-only and 55% of tubular shadows). Comparison of tubular wall thickness revealed significantly thinner walls in tubules of the controls (7.02µm±2.12µm) compared to the walls of the samples (14.92µm ± 6.26µm; $p \leq 0.0001$). The thickening increased with suppressed spermatogenesis and walls of tubular shadows (22.95µm ± 7.35µm) were significantly thicker compared to tubules containing elongated spermatids (10.65µm ± 2.11µm; $p \leq 0.0001$), spermatogonia (12.92µm ± 2.46µm; $p \leq 0.0001$) or Sertoli cell-only (16.48µm ± 2.46µm; $p \leq 0.05$).

In conclusion, the CSHT leads to variable degree of degeneration of seminiferous tubules in the testis. The results in-

dicate a decreased SMA-expression in tubules with suppressed spermatogenesis. The thickening of the tubular wall correlates with spermatogenesis and increased with suppression of spermatogenesis. The findings of decreased SMA expression and a thickening of tubular wall correspond with findings in infertile men with impaired spermatogenesis (Schell *et al*., 2010, Volkmann *et al*., 2011). More research is needed to correlate the degeneration of the tubular walls with CSHT and endocrine profiles.

Transgender men and pelvic pain

Thursday, 11th April - 15:30: Endocrinology Session I: Gynaecology and Fertility (Bramante 14)

Rixt Anna Catharina Luikenaar MD [1]

1. *Rebirth Obgyn/ Luikenaar and Crane, Center for Transgender Surgery*

Background

It has become apparent that transgender men, either early or later in their transition often struggle with painful cramping and pain after orgasm. This can be so debilitating that it can lead to the request for a hysterectomy (which is generally less often performed on trans men in the USA
compared to Europe). Transgender men also suffer from conditions more often seen in menopause as vaginal atrophy, desquamous vaginitis and even lichen planus. This leads to vaginal discharge and painful intercourse. Conservative options for treatment (empiric) of discharge and/or pain include estrogens (especially in transgender men without ovarian tissue), anti-estrogens or GnRH analogues (in transgender men with ovarian tissue and irregular bleeding), nsaids, or a vaginal combination of steroid/clindamycin and estradiol cream. Transgender men also have an increase in cuff cellulitis after hysterectomy which typically leads to painful cramping and discharge 5 days to two weeks after hysterectomy.

Methods

x

Results and Conclusions

This presentation will discuss possible reasons of pelvic pain in transgender men with an intact uterus and ovaries.

Ultrasonographic changes in ovary after exposure to exogenous testosterone: A Mexican Cohort of Transgender Men

Thursday, 11th April - 15:45: Endocrinology Session I: Gynaecology and Fertility (Bramante 14)

Esmeralda Román Mar [1], Mitzi Zaira Fong Ponce [2], Luis Carlos Joya Fierro [1], Arnulfo González Cantú [3], Maria Elena Romero [4], Andrea González Rodríguez [2]

1. *Condesa Specialized Clinic,* ***2.*** *Clinica Especializada Condesa,* ***3.*** *Eurarya PharmaCite,* ***4.*** *Muguerza Alta Especialidad*

Background

According to multiple medical guidelines of hormone therapy (HT) in people with gender incongruence (GI), the transgender men (TGM) have a long-term indication of testosterone as long as there is no medical contraindication.(1)(2) There are only few long-term studies on the effects of androgens, the majority is reported at the histopathological samples in ovarian and breast tissue, but there are no reports of ultrasonographic changes in ovaries.(3)

The Condesa Specialized Clinic (CSC) has had a health care program for transgender people since 2009, offering free mental health assessments, diagnosis and treatment for Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) and HT. Before starting cross sex hormone therapy (CSHT), different laboratory and imaging are requested, including complete blood count, glucose, lipid profile, liver function tests, hormonal profile and breast and testicular ultrasound in transgender women (TGW) and breast and pelvic ultrasound for TGM in order evaluate medical conditions that could be aggravated by HT

Methods

Objective: To describe ultrasonographic changes in the ovaries of TG who use long-term exogenous testosterone.

Materials and Methods The CSC has registered 504 TGM from September 2009 to August 2018, of which 310(61.5%) are under CSHT. A retrospective study was conducted that included 71(22.9%) TGM who were under HT in a period from 2009 to 2018, between 16 to 24 years old to fit the young people definition of the World health organization; with pelvic ultrasound before and after the treatment, with basal hormone profiles. They were treated with testosterone enanthate 250 mg injection each 21 to 15 days to achieve testosterone values in the male range (320 to 1000 ng/dL). The ultrasound equipment used was type SA 600.

Statistical Analysis

In descriptive statistics we used mean, median and standard deviations for continous variables, and proportions for categorical variables. To analyze longitudinal data, we used linear mixed effects models. The missing values were handled with multiple imputation (predictive mean matching). Statistical significance were defined as p value < 0.05. R software version 3.4 was used for statistical analysis.

Results and Conclusions

Results: The mean age of 21(+/- 2.2 SD) years old. The average body mass index (BMI) was high of 26(+/- 5 SD). No severe metabolic disorders were detected. The table 3 (Lineal mixed effects model) shows that the mean ovary volume reduce with every year of testosterone therapy (p value <0.001). The effect of time in mean ovary volume was of 1 cm^3 (0.23 se) by year.

Conclusions: Use of exogenous testosterone for a long-time alters both the function and the morphological characteristics of the ovaries; is considerable ovary volume reduction within a year of treatment and continuously during the treatment.This is the first report in TGM with reduction of ovarian size by pelvic ultrasound with 36 months

follow up. The next step is to elucidate the mechanism of ovarian volume reduction and its histopathological correlation in transgender men who are being submited to oophorectomy.

Human rights perspective to trans-specific health care post ICD-11

Thursday, 11th April - 14:30: Law Session I: Human Rights in Trans Matters (Bramante 9)

Constantin Cojocariu [1], ***Leo Mulio*** [2]

1. *Transgender Europe (TGEU),* ***2.*** *TGEU*

Background

Trans people continue to experience significant health disparities, reporting worse physical and mental health compared to the general population.[1] This cannot come as a surprise in the context where on the one hand trans people are subjected to psychiatrization and pathologization when seeking legal recognition to their gender identity, and on the other hand are often denied of access to their desired trans-specific health care (also gender affirming care) or health insurance coverage of such care. This push-pull dynamic harms the trust that trans people are able to put into the medical world.

Trans people are still too often forced to undergo medical examinations, tests, diagnosing, hormonal treatment and even sterilization to access legal gender recognition (LGR).[2] In a number of European countries invasive procedures, such as sterilisation, are a requirement for legal gender recognition, but at the same time not covered by public insurance. [3] Only a handful of European countries ensure that public insurance covers most gender affirming healthcare services.

Methods

The presentation will look at the recent European and UN related human rights standards that can be used to eradicate the paternalistic and abusive practices that trans people are subjected within or with help of medical world.

Firstly, I shall discuss the legality of so-called medical criteria in the LGR processes from the human rights perspective. What did the human rights discourse say until the 2017 decision of the European Court of Human Rights in the French cases and what does it say now? Where does the border of legality run for different medical procedures and treatments that state demand trans people to undergo as the prerequisite for new ID-papers? Since 2017 the sterilisation requirement is considered a human rights violation, but does that include hormonal treatments that may in time also lead to sterility?

Secondly, the presentation shall identify norms in human rights law[6] that can protect a trans person from a state that continues to pathologize trans identities after the adoption of ICD-11. Until there is case law from international courts banning psychiatric diagnoses of trans people on the basis of gender identity, what are the possible human rights strategies that could challenge pathologization and the state induced pressure to undergo medical examination?

Results and Conclusions

In the private relationship between patient and medical institution, where the state should have no extensive interference, imposing outdated laws of gender normalisation and trans pathologization cannot be viewed as in accordance with the human rights law. The presentation will attempt to answer the question on how can human rights be used to contest the often paternalistic approaches in trans-specific healthcare and instead protect a trans person from the discrimination and gender biases that hinder the access to quality health care.

TGEU Guide: Human Rights Principles in Trans-specific Healthcare

Thursday, 11th April - 14:45: Law Session I: Human Rights in Trans Matters (Bramante 9)

Richard Köhler [1], ***Leo Mulio*** [1]

1. *Transgender Europe*

Background

The revision of the trans-related diagnoses in the International Classification of Diseases Version 11 provides an unmissable opportunity to introduce care pathways within national health systems that are based on informed consent, overcoming psychiatric assessments and gatekeeping. This poses the question how human rights based trans-specific healthcare can be implemented in practice. While specific solutions will differ from country-to-country TGEU has set to develop the key human rights principles which should underpin the Europe-wide provision of and access to depathologized trans-specific healthcare.

Methods

In developing the human rights guidelines, TGEU has been undertaking desk research, legal analysis, and brought together individuals with expertise in healthcare, including trans activists, healthcare professionals, and human rights advocates. TGEU will present the output of the process, explaining its development, giving a detailed overview of how the principles should be used to shape the delivery of trans-specific healthcare. It is also a great opportunity to discuss and explore the ways in which trans activists can use them in their healthcare advocacy.

Results and Conclusions

The human rights principles underpinning trans-specific healthcare are intended to enable the design of depathologized healthcare provision that upholds the human rights of trans people and genuinely facilitates access to care. The principles can be applied practically in the design, implementation and monitoring of services that center trans people's autonomy.

After the WHO, is there any future left for the Gender Identity Clinic?

Thursday, 11th April - 15:00: Law Session I: Human Rights in Trans Matters (Bramante 9)

Stephen Whittle [1]***, Sarah Rutherford*** [2]

1. *The Manchester Law School, Manchester Metropolitan University,* ***2.*** *Depts. of Nursing and Health Professions, Manchester Metropolitan University*

Background

This paper is a reflective analysis of recent changes in diagnostic methodologies and the potential of what those changes could mean in law, for the role and purpose of the Gender Identity clinical system.

The history of Europe's current health and wellbeing provision for transgender identified people has been embedded within the paternalism and related values of the traditional psychiatric outpatient clinic. It is acknowledged that some clinicians have discussed, even tried to change their practice in light of the challenges presented by the de-psychopathologisation campaign by trans people. However, our recent research (2017-2018) undertaken across Europe demonstrates the continuing perpetuation of practices that are clinically questionable. More directly related to the question in this paper, however, since the changes in the WHO's classification of gender identity related diagnoses, many of those practice are in the author's view now very clearly contrary to the human rights of the transgender patient, as contained in the European Convention on Human Rights. Secondly, recent and proposed changes in European states to gender recognition laws, will doubly engage many of those practices and clearly outlaw them in relation to patient's rights under national laws and the European Charter of Fundamental Freedoms.

Methods

Qualitative Research into current practice within Gender Identity Clinics was undertaken with groups of people who are themselves marginalised within the Transgender Community,. Five Focus groups were held, in Spain, Sweden, Northern Ireland, the UK, and the Netherlands. This was combined with individual requests to know minority group members for information about current clinical experiences across the larger Europe; the 47 member states of the Council of Europe. A further series of individual long interviews were held with over 150 'successful' trans people across the wider Europe. These were all taped, translated and transcribed so that it was possible to review different aspects of individual's clinical pathways. All participants were asked to relate their clinical experience, and in particular focus on where healthcare had been positive and respectful of their gender identity, so as to avoid the natural bias that comes with such research; wherein participants 'tell the worst', thinking that is what researchers are looking for.

A black letter law analysis of human rights law was undertaken, and how they relate specifically through treaties, national laws, and case law to transgender patients and their clinical care experiences in Gender Identity Clinics and more general healthcare. These two bodies of data were interrelated by the simple method of looking the individual experiences of clinical care, and relating those to the individual rights that exist in law.

Results and Conclusions

Human Rights can be claimed against the state, and organisations performing duties on behalf of the state, including most Healthcare providers who provide services as part of the state's obligations under the WHO Constitution. The research found European states generally fail in meeting their obligations to provide transgender healthcare.

Specifically Gender Identity services persistently contravene patient rights. Our conclusions: the GIC is a redundant clinic, .alternatives do exist and this research demonstrates they should exist.

Christine Goodwin v UK : The Transpersons Case which demonstrates that a Consensus among Member States is not necessary for a Far Reaching Judgement from the European Court of Human Rights: Can a Lesson be emulated in the Area of Same-Sex Marriage?

Thursday, 11th April - 15:15: Law Session I: Human Rights in Trans Matters (Bramante 9)

Frances Hamilton [1]

1. *Northumbria University*

Background

The European Court of Human Rights ('European Court') has demonstrated an inconsistent approach to the use of consensus as a standard in its leading case law concerning the treatment of individuals falling under the LGBTQ banner. In some high profile areas such as same-sex marriage the European Court has refrained from ruling in favour of the applicants. From the European Courts' leading judgments concerning same-sex marriage (most noticeably *Schalk and Kopf v Austria* (App. No. 30141/04)) it seems that it is only consensus, leading to a wide Margin of Appreciation ('MoA') (otherwise known as area of discretion awarded to Member States), which prevents the European Court recognising same-sex marriage. Early case law before the European Court also followed a similar approach. Transpersons' rights were denied on the basis of a lack of consensus, and a subsequent finding that a wide MoA was deemed necessary (*Rees v UK*(1987) 9 EHRR 56). However famously transpersons' rights were transformed before the European Court in the case of *Christine Goodwin v UK* (Appliction 28957/95, Judgment of 11th July 2002). This included a right for transpersons to marry according to their affirmed gender. The European Court is to be applauded in making a clear commitment to a 'dynamic and evolutive approach' in order to 'render [the European Convention's] rights practice and effective, not theoretical and illusory' (Christine Goodwin v UK paragraph 74). However, further analysis of the European Courts' case law demonstrates that no clear explanation was given as to how the European Court justified this change in approach. By the time the far reaching judgment in *Christine Goodwin v UK* was taken, there had been very little progress in the number of European countries recognising transpersons' rights over the sixteen year period since the earlier *Rees* judgement. The European Court's wording in *Christine Goodwin v UK* was also confusing as they used multiple different terminologies including 'emerging consensus' and a 'continuing international trend' and reference was also made to judgments from courts outside Europe including those from Australia and New Zealand.

Methods

Doctrinal desk based research.

Results and Conclusions

The *Christine Goodwin* judgment has been heavily criticised by academics, as an example of judicial policy making. It also creates difficulties for those wishing to determine when a consensus will be deemed to have been reached in other areas such as same-sex marriage, where consensus does seem to be determinative. In this piece I argue that the Goodwin case is an important example of a leading judgment by the European Court in case law concerning LGBTQ groups where consensus is not deemed as essential. As such this is an example which could be followed in other areas. Instead the protection of sexual minorities should be seen as more important. Alternatively the European Court should at least clarify in other areas when a consensus will be deemed to have been reached.

Long-term effect of speech therapy in transgender women

Thursday, 11th April - 14:30: Voice Session I: Transgender women (Bramante 12)

Marjan Cosyns [1]***, Lore Plantefève-castryck*** [1]***, Elia Vermeulen*** [1]***, John Van Borsel*** [1]

1. *Ghent University*

Background

For transgender women, speech therapy is the treatment of choice to feminize the voice. However, research on therapy outcomes is rather scarce. This retrospective study aimed to examine the effect of speech therapy in transgender women who finished their therapy at least one year ago. The study distinguishes itself from other studies by sample size and the use of a multidimensional voice assessment including perceptual, objective and self-rating measures.

Methods

Participants were 21 transgender women ranging in age between 20 and 72 years (mean = 46, SD = 14.3) recruited from the database of the Speech and Hearing Department of the Ghent University Hospital, Belgium. They finished their speech therapy between 2 and 30 years ago (mean = 6, SD = 3.8) and none underwent pitch raising surgery. Voice assessment comprised perceptual evaluation (GRBASI), aerodynamic measurements (MPT, VC, PQ, s/z ratio), acoustic analysis (F0, jitter, shimmer, DSI, AVQI), voice range profile, and self-rating (VAS, TVQ). Findings were compared to measurements conducted before therapy and immediately post-therapy. In addition, 10 lay men and 10 lay women were asked to rate the femininity of the participants on a VAS.

Results and Conclusions

A repeated measures ANOVA followed by post hoc tests revealed that recent findings and measurements conducted immediately post-therapy were significantly higher than measurements conducted before therapy. There was no significant difference between recent findings and measurements conducted immediately post-therapy.

Speaking F0 ranged between 135 and 207 Hz with an average of 157 Hz (SD = 15.6) and differed significantly from normative values for persons assigned male at birth (i.e., 122 Hz) and persons assigned female at birth (i.e., 212 Hz). This in-between position was confirmed during the listener experiment which resulted in a mean score of 48.8 or a voice that is located between male and female. Further, it seemed that duration of discharge had a significant positive impact on mean F0.

It can be concluded that speech therapy has a positive effect on the voice of trangender women and that this effect can be maintained over time.

Acoustic and perceptual effects of articulation exercises in trans women

Thursday, 11th April - 14:45: Voice Session I: Transgender women (Bramante 12)

Evelien D'haeseleer [1]***, Kim Bettens*** [1]***, Paul Corthals*** [1]***, Marjan Cosyns*** [1]

1. *Ghent University*

Background

Differences in formant frequencies contribute to gender perception and are therefore targeted in speech therapy for transgender persons. The vowel chart area (/a/, /i/, /u/) in Dutch is larger in female speakers. Articulation exercises using a cork between the front teeth enlarges articulation movements and hypothetically results in a larger vowel chart area. Articulation exercises for lip spreading hypothetically result in changes in the vowel formants.
The purpose of this study is to measure the impact of articulation exercises using a cork and articulation exercises for lip spreading on the formant frequencies of vowels and listeners perceptions of femininity in trans women.

Methods

Samples of continuous speech during reading are recorded before and after the cork articulation exercises and before and after exercises for lip spreading. Speech samples are analyzed using PRAAT. In the study, trans women (N=20) will be included. Data collection of the study will continue until January 2019 and results will be analyzed in February-March 2019. For each speech sample, the vowel formant frequencies (F1, F2, F3) and the vowel chart area will be determined. Secondly, a listeners experiment will be organized using naive female and male listeners rating the audio samples of continuous speech. For the listening experiment a combination of masculinity/femininity ratings (using a VAS) and gender identification (male voice versus female voice) will be used.

Results and Conclusions

The preliminary results of 4 included trans women show an increase of F2 (in Hz) of /a/ and /i/ and an increased F2 contrast /i-u/ in all participants indicating more frontal-dorsal tongue placement after the cork exercise. The results of the total group and the results of the listeners experiment will be analyzed and presented in April 2019.

Investigating the validity and reliability of the Turkish version of the transsexual voice questionnaire (TVQMtF).

Thursday, 11th April - 15:00: Voice Session I: Transgender women (Bramante 12)

Aysenur Taskin [1], ***Fatma Esen Aydınlı*** [1], ***Koray Başar*** [2], ***Taner Yılmaz*** [1], ***Esra Özcebe*** [1]

1. *Hacettepe University,* ***2.*** *Hacettepe University, Faculty of Medicine, Department of Psychiatry*

Background

In a comprehensive voice evaluation battery, self-perception measures of the participants is quite important. Self-perception instruments help professionals understand the importance of disability for the individual. There are many self-perception instruments available in Turkish such as voice handicap index or voice-related quality of life index. However, a specific method of self-assessment measure developed for transgender women has not yet been translated into Turkish.

The aim of this study was to establish the Turkish version of the Transsexual Voice Questionnaire for transgender women (TVQ^{MtF}-TR) and to examine its validity and reliability.

Methods

The Turkish translation and adaptation of the TVQ^{MtF} was performed according to the translation procedure of the World Health Organization. The questionnaire was translated by an expert fluent in both languages from English to Turkish, this translation was reviewed by a group of experts familiar with this population and fluent in both languages and the initial Turkish draft was obtained. Following back translation to English, both forms of the questionnaire were reviewed by all translators for inconsistencies. Following last modifications by whole group of translators, the final form was sent for approval to the researchers who have developed the original scale. Finally a preliminary study was made with a small sample of transgender women to assess the comprehensibility of the scale.

The validity and the reliability of the scale will be assessed with a mixed sample of transgender women, a group referred from the psychiatry clinic where they present for medical assistance in gender affirmation, and another group referred from a local association of transgender people. In order to assess the validity, the design of the original study was slightly modified. Transgender women providing consent will be enrolled in two groups based on their self-assesment of the change in their gender expression; one group with participants who consider themselves to express their gender identity in more than two soical domains longer than two years, and the other group with participants who don't fulfill these criteria. Twenty-five participants from each group, constituting a final sample size of 50, will be enrolled. TVQ^{MtF}-TR and the scale of femininity of the voice will be filled by all participants. Significance level is set as p=.05. Statistical analyses will be performed using SPSS 20.0.

Results and Conclusions

The internal consistency reliability of the questionnaire will be evaluated determined with Cronbach-alpha value, the item-total correlation will be calculated for all items, in whole sample. Test-retest reliability will be assessed from total scale scores administered three weeks apart by all participants, using Pearson correlation test. TVQ^{MtF}-TR scores of the two groups will be compared with the Mann-Whitney U test. The correlation between the TVQ^{MtF}-TR scores and the scale of femininity of the voice scores will be calculated for construct validity and the significance will be examined with Spearman correlation test.

The translation procedures have been completed and the data gathering period has been started. In the current

presentation, the preliminary findings on the validity and the reliability of TVQ^{MtF}-TR will be presented.

Feedback of trans women regarding voice therapy

Thursday, 11th April - 15:15: Voice Session I: Transgender women (Bramante 12)

Ioanna Georgiadou [1]

1. *Nottingham Centre for Transgender Health*

Background

Voice therapists working with trans clients who wish to feminize their voice aim to record vocal parameters before and after therapy in order to quantify progress. Despite the multitude of studies documenting the outcomes of acoustic and perceptual voice differences and quality of life differences, no study reports on the opinion of the clients themselves regarding the most helpful techniques/exercises, after undergoing voice feminization therapy. During the course of voice feminization therapy, voice therapists use a variety of vocal techniques and exercises in order to facilitate desired voice change.

The aim of this study was to examine the opinions of trans women regarding the most helpful voice exercises/techniques after undergoing voice feminization therapy.

Methods

Forty-nine trans women completed an 'end of voice therapy questionnaire' developed for this study after participation in 5 one-to-one voice feminization sessions. The questionnaire included 1) scaling questions that rated the SLT's skills and competence and 2) open-ended questions regarding a) most helpful voice exercises/techniques, b) least helpful exercises/techniques and c) additional comments. The present study presents findings for 2a) most helpful voice exercises/techniques.

Results and Conclusions

The data revealed that participants found the following exercises/techniques to be most helpful in feminizing their voice: 1) resonance/tuning exercises (21/49, 42.86%), 2) Praat voice analysis recordings (16/49, 32.65%), 3) Intonation exercises (14/49, 28.57%), 4) Vowel elongation exercises (10/49, 20.41%), 5) Warm-up exercises (10/49, 20.41%), 6) Phone conversation exercises (3/49, 6.12%), 7) Tailored exercises (3/49, 6.12%), and 8) Posture/breathing exercises (2/49, 4.08%). This study suggests that resonance/tuning exercises seem to be among the ones that clients have found to be most beneficial during voice feminization. This is a pilot study and results should be interpreted with caution. A planned larger-scale clinical study will provide a better assessment of the views held by trans women regarding voice exercises.

Femininity in voices of transgender women after pitch-raising surgery studied with a listening evaluation

Thursday, 11th April - 15:30: Voice Session I: Transgender women (Bramante 12)

Victoria Kelly [1]***, Elin Emtedal*** [2]***, Isabelle Pano*** [2]***, Ulrika Nygren*** [3]***, Maria Södersten*** [3]

1. *Karolinska University Hospital, Functional Area Speech & Language Pathology, SE-171 76 Stockholm, Sweden,* ***2.*** *Karolinska Institutet, Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology, SE-171 77 Stockholm,* ***3.*** *Karolinska University Hospital*

Background

Some transgender women need pitch-raising surgery after feminizing voice therapy. Criteria for surgery at Karolinska University hospital are a) if a patient has difficulties to raise or b) maintain a speaking pitch in a female range, or c) if the pitch drops to a very low male range during involuntary phonation such as sneezing or coughing. Results from a previous study from our hospital showed that pitch-raising surgery, performed with cricothyroid approximation or glottoplasty, did raise pitch into a female range and that this result was stable over time (Kelly et al, 2018). To further examine the clinical relevance of surgery, a study was conducted with the purpose to investigate if the voices were perceptually rated more feminine after surgery. The rationale for this is that it is of importance for patients to be perceived by others in congruence with their self-perceived gender, and the voice is a strong gender marker.

Methods

As part of the clinical assessment the patients' voices are audio-recorded in a sound-treated booth following standard procedures before and after voice therapy, pre- and post-surgery, and at least at 12 months follow-up. Voice samples from 20 patients (pre- and post-surgery and at follow-up), and from 5 ciswomen and 5 cismen were randomized to comprise a listening test. In order to calculate intra-judge reliability approximately 20 % of the samples were duplicated. A group of 45 naïve listeners rated the voices using the five categories "very male" "rather male" "gender neutral" "rather female" or "very female" from the Transsexual Voice Questionnaire^{MtF} (TVQ^{MtF}).

Results and Conclusions

Results showed that the perceived femininity in the trans women's voices had increased somewhat after surgery. Before surgery 10 % of the trans women's voices were perceived as "rather female". One month after surgery 42 % of the trans women's voices were perceived as "rather female" with a decrease to 28 % at follow-up one year after surgery. Totally the results showed that the majority of the voices were perceived as "rather male" (55 %) before surgery, "rather female" (42 %) after surgery and gender neutral (50%) at follow-up. When looking at the whole material we found that 30 % of the ratings went from either "very male" or "somewhat male" before surgery to "rather female" after surgery or at follow-up. None of the voices were rated "very female" after surgery. It should be remembered that patients who do get surgery are the ones who have not gained successful results after feminizing voice therapy. The results should be interpreted in the light of this. It was concluded that more information is needed about predictors for successful results after pitch-raising surgery.

National Swedish quality register for transgender health. Data from people assigned male at birth registered by speech and language pathologists

Thursday, 11th April - 15:45: Voice Session I: Transgender women (Bramante 12)

Maria Södersten [1], ***Ulrika Nygren*** [1]

1. *Karolinska Institutet, Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology and Karolinska University Hospital, Functional Area Speech & Language Pathology*

Background

In Sweden there is a tradition of using national quality registers in healthcare. In 2013 the planning of a national quality register for the transgender population started. An interdisciplinary steering group, including a patient representative, has been working to develop infrastructure for data collection and questionnaires together with the Register Center South. Data includes information from assessments, different gender-confirming treatments and lifelong follow-up regarding quality of life. The speech language pathologists (SLP) were the first professional group to start registering data in 2017. During the first year, information was collected from 190 registrations from six SLP-units related to gender teams at university hospitals. The purpose of this presentation is to give overall information about data recorded so far for the people assigned male at birth (AMAB).

Methods

It is possible to collect data at the first visit to the SLP, after voice therapy and at follow-up. Information regarding waiting time from referral to the first visit, patient's assigned sex at birth, diagnosis for gender incongruence, hormonal treatment, background factors relevant for voice use such as employment, vocal load, hearing and previous voice training were registered. Furthermore information about recording routines in the voice clinic and computer programs used for acoustic analyses were collected, as well as results from questionnaires and acoustic analysis.

Results and Conclusions

Of the registrations, 92 were from patients assigned male at birth and 87 of those were from a first visit. Only those data will be presented. There was a large variation regarding waiting time after referral from the psychiatrist to the first visit to the SLP from a few days to 10 months. Seventy-nine of the patients were diagnosed with Transsexualism (F64.0) according to ICD-10. One patient had not received any diagnosis yet, and 12 had received the diagnoses Other gender identity disorders (F64.8) or Gender identity disorder, unspecified (F64.9). A majority of the patients (77/87) had been recorded in a sound treated booth following clinical standard routines. Mean fundamental frequency (f_o), measured from habitual speech, was for the group 132 Hz (range 84 to 226 Hz) and f_o mode 126 Hz (range 81 to 216 Hz). Less than half of the patients had filled in the Transsexual Voice Questionnaire^{MtF} (38/87) with an average score of 71 and median score of 76 (range from 34 to 113). In conclusion: The register will be a valuable source of information for data collected prior feminizing voice therapy and for comparison with data after voice therapy when more data are available in the future.

Perception of the femininity of the face and satisfaction with the results after one year of the FGCS: relationship with subjective well-being

Thursday, 11th April - 14:30: Surgeons Only Session III: trans women (Bramante 15)

Marina Rodríguez [1]***, Fermín Capitán-Cañadas*** [1]***, Javier G. Santamaría*** [1]***, Zoe Barossi*** [1]

1. *FACIALTEAM*

Background

The perception of facial gender is a construct that has been studied for decades. People quickly perceive and extract information from another face, such as identity, emotional state, gender, race, and age, among others. For this reason, it is essential for transgender women to have significantly more feminine features on their faces, and not be misgendered.

During the last decade, numerous well-being investigations have been carried out that have considerably broadened the conceptual map of this construct. Ryff suggested a multidimensional model of psychological well-being composed of six dimensions: self-acceptance, positive relationships with other people, autonomy, control of the environment, purpose in life, and personal growth. Self-acceptance is one of the central criteria of well-being.

When working on facial surgery, satisfaction with the results is significant to evaluate the effectiveness of operation and the positive effect of surgery on transgender women.

Methods

This descriptive, longitudinal and correlational study aims to unite these variables and study the relationship between them. A sample of 82 patients after a year of undergoing Facial Gender Confirmation Surgery (FGCS) is analyzed. The variables measured are the perception of the femininity of the face before surgery, one year after surgery and the measure of satisfaction with the results. Also, the pre and post measure of perceived well-being is included.

Results and Conclusions

According to the results, a positive and significant relationship can be observed between general satisfaction with surgery and the perception of femininity of the face at 12 months. There is also an increase in the score between the perception of femininity of the pre- and post face, with a rise in the second compared to the first. The measure of personal well-being at 12 months postop correlates in a positive and significant way with the perception of femininity of the face at 12 months and the satisfaction of the results. Likewise, an increase in the pre and post well-being score is also noted. The satisfaction with the outcomes is high in a significant number of patients.

Conclusions:

We can conclude that satisfaction of our patients with the outcomes of the FGCS is very high after a year from the surgery. In addition, satisfaction with the results is closely related to the perception of femininity of the face.

Facial Feminization Surgery for transgender patients using 3D preoperative planning, osteotomy guides and Piezosurgical device: surgical technique and results.

Thursday, 11th April - 14:35: Surgeons Only Session III: trans women (Bramante 15)

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1. *Tenon hospital- University Paris 6,* ***2.*** *hopital tenon- university paris 6*

Background

Facial feminization surgery (FFS) for transgender male to female patients often includes remodeling of the frontal and chin bones. Piezoelectric surgery is known to provide less bone tissue loss and less vascular and soft tissue damages. Preoperative three-dimensional (3D) planning is considered to allow more surgical precision, and a gain of peroperative time. We propose to retrospectively analyze our cases of FFS with frontal craniotomy or/and genioplasty using preoperative 3D planning, osteotomy guides and piezoelectric surgery.

Methods

All patients operated on for frontoorbital or chin FFS using bone section guides were analyzed, including surgery performed with or without piezosurgery. Perioperative outcomes were retrospectively reviewed. Postoperative patient satisfaction was evaluated using a satisfaction questionnaire.

Results and Conclusions

Twenty six patients were included. Frontoorbital or chin bone section guide were proper and usefull in all cases. In the piezosurgery group, operating time was shorter comparing to the classic non piezosurgery group using rotating instruments for the bone section. Frontal osteotomies lines were thinner and more precise in the piezosurgery group, with less damages of the underlying frontal sinus mucosa. No postoperative complications such as hematoma or infection were observed. Cosmetic results were good for all patients.

In conclusion, frontoplasty or genioplasty in FFS can be safely and properly performed with piezoelectric device, using preoperative 3D planning and osteotomy guide.

Lower jaw contouring techniques in Facial Gender Confirmation Surgery

Thursday, 11th April - 14:40: Surgeons Only Session III: trans women (Bramante 15)

Luis Capitán [1]***, Carlos Bailón*** [1]***, Raúl J. Bellinga*** [1]***, Javier G. Santamaría*** [1]***, Daniel Simon*** [1]

1. *FACIALTEAM*

Background

Among the different surgical techniques included in the Facial Gender Confirmation Surgery (FGCS) spectrum, those aimed at the modification of the lower jaw are the least developed in the scientific literature. However, the modification of this structure is, together with the forehead reconstruction and rhinoplasty, one of the most demanded procedures by the male to female transgender patient.

Methods

In this study we present the different clinical indications and diagnosis, as well as the surgical techniques that allow the modification of the lower jaw in FGCS.

Results and Conclusions

The clinical evaluation of the lower facial third is an essential part of understanding what characteristics give the face its masculinity and may, therefore, lend themselves to surgical modification. The general aims of this treatment are to decrease the transversal jaw dimension, to modify or soften the gonial angles, to contour the jawline and to change the volume, format and position of the chin. In this presentation we describe the different approaches and the surgical techniques we carry out in the lower jaw and chin, illustrated by pictures, surgical videos and clinical results.

Management of complications in Facial Gender Confirmation Surgery: the forehead reconstruction

Thursday, 11th April - 14:45: Surgeons Only Session III: trans women (Bramante 15)

Luis Capitán [1]***, Carlos Bailón*** [1]***, Raúl J. Bellinga*** [1]***, Javier G. Santamaría*** [1]***, Daniel Simon*** [1]

1. *FACIALTEAM*

Background

The management of complications is of extreme importance in Facial Gender Confirmation Surgery (FGCS). Despite the fact that this is a highly predictable surgery, it is not without complications, which can prolong the postoperative period and compromise the final result.

Methods

We present our experience in the diagnosis and treatment of the primary complications associated with the forehead reconstruction, either conducted via coronal approach or hairline approach.

Results and Conclusions

This study describes the most significant complications and the medical and surgical alternatives linked to the forehead reconstruction technique, either during the surgical time, the immediate recovery period or in the mid to long term follow-up period. An in-depth knowledge of these complications in FGCS, as well as of the treatment alternatives, is essential to guarantee the patients an adequate management of the same and therefore a more predictable and reliable surgery.

Developing a training program in Facial Feminization Surgery: a pilot experience

Thursday, 11th April - 14:50: Surgeons Only Session III: trans women (Bramante 15)

Fermín Capitán-Cañadas [1]***, Daniel Simon*** [1]***, Luis Capitán*** [1]

1. *FACIALTEAM*

Background

During the confirmation process, a complex and extended transition period is usually required that involves numerous diagnostic processes, medical-surgical treatments and extensive psychological care. One of these medical-surgical treatments, facial surgery – popularly known as Facial Feminization Surgery (FFS) – has steadily gained importance and is emerging as a key element in the complex transition process, primarily for male to female transgender patients. In the last decade, we have worked towards the advancement of FFS, including its consolidation within current transgender healthcare protocols.

The professional and surgical development of this discipline, together with the growing demand by patients, has made it necessary to create specific training programs. To this end, we have developed the **Facial Feminization Surgery Training Program**, destined principally for experienced specialists whose objective is to build highly specialized gender units that will ultimately provide FFS training within their own institutions.

Methods

The FFS Training Program offers a higher degree of specialization for any plastic, maxillofacial, craniofacial or ENT surgeon that wants to amplify their knowledge in the field of FFS, allowing them to accelerate the learning curve and provide treatment with quality criteria. The program has been specifically designed to cover every facet of FFS, including theoretical sessions, live surgeries and a cadaver lab at the IAVANTE facilities, Advanced Multifunctional Centre for Simulation and Technological Innovation located in Granada, Spain. The program has been accredited by WPATH and by the European Accreditation Council for Continuing Medical Education (EACCME®).

Results and Conclusions

We present our experience with the FFS Training Program. The principles on which the program has been based have been slowly evolved through a process of incremental improvement over the course of 1,194 facial gender surgery patients in our center, from August 2008 to September 2018. As far as we are aware, there is no such FFS-specific training program anywhere in the world. Eventually, the training program could become a landmark in the integration of FFS within the surgical transition protocol, educating and training future FFS surgeons on principles such as good medical practice, appropriate diagnosis and specific surgical skills. In summary, best practices and methods for better results. As one of the fastest growing areas within plastic surgery, dissemination of education in gender surgery is essential to improving patient outcomes and spurring on new innovations.

Psychological strain and social support in transgender women after gender confirmation surgery

Thursday, 11th April - 14:55: Surgeons Only Session III: trans women (Bramante 15)

Jochen Hess [1]***, Anja Breidenstein*** [2]***, Yasmine Hess*** [3]***, Cordelia Kaspar*** [1]***, Alexander Henkel*** [1]***, Stephan Tschirdewahn*** [1]***, Martin Teufel*** [2]***, Sefik Tagay*** [2]***, Boris Hadaschik*** [1]

1. *Department of Urology, Pediatric Urology and Urological Oncology, University Hospital Essen,* ***2.*** *Department of Psychosomatic Medicine and Psychotherapy, University Hospital Essen, Germany,* ***3.*** *Department of Oncology, Kliniken Essen Mitte*

Background

According to literature subjective postoperative overall satisfaction rates of approximately 80% can be expected. Surgical results and complications have an effect on satisfaction and QoL. Likewise it can be affected by other preexisting circumstances like psychological distress and social support within the transition process.

Methods

In total 158 trans* women (median age 49.5 years), who had undergone gender confirmation surgery (GCS) at the Department of Urology of the University Hospital Essen between 1995 and 2015, were surveyed using open questions and validated questionnaires. Median time since surgery was 6.6 years.

Results and Conclusions

Nearly all participants (96.8%) perceived themselves as female or rather female. Satisfaction with life in general, with outward appearance and sexual life was high (86.2%, 86.6% and 65.4% respectively) with a distinct subjective improvement after GCS in 87.9%, 85.9% and 51.3% respectively. General as well as trans*-specific QoL revealed a significant improvement within transition process (each $p<0.001$). However when compared to a German control sample health-related QoL was significantly reduced (physical QoL: $p=0.012$, mental QoL: $p<0.001$). At the time of interrogation nearly half of women (46.5%) lived in a firm relationship of whom 43.5% were allied with the same partner since coming out. The women in the study population were more satisfied with their relationship (according to PFB-K) compared to women of a non transgender cohort (mean 20.6 versus 18.4[T1] , $p<0.001$). Anticipated social support (F-SozU) did not differ between transgender subjects and non transgender controls. Subjects showed significantly elevated levels of psychological distress on all subscales of the SCL-27 ($p<0.001$) except for the subscale vegetative symptoms ($p=0.051$) with the global symptom index being significantly higher when compared to a control sample ($p<0.001$). The majority of participants (78.2%) experienced psychotherapeutic supervision helpful. Overall subjective satisfaction is high after GCS in our cohort. Though we found a distinct improvement general and trans*-specific QoL during transition process participants still scored less in health-related QoL compared to a non transgender control group. Participants were more satisfied with their relationship but anticipated social support did not differ between transgender subjects and controls. Psychotherapeutic supervision was helpful for most subjects.

Robotic Vaginoplasty: An Alternative to Penile Inversion Vaginoplasty in Cases of Insufficient Skin, Vaginal Stenosis, and Rectovaginal Fistula

Thursday, 11th April - 15:25: Invited Session: Robotic Vaginoplasty

Loren Schechter [1]***, Ervin Kocjancic*** [1]***, Slawomir Marecik*** [2]

1. *The University of Illinois at Chicago,* ***2.*** *Advocate Lutheran General Hospital, Park Ridge, Il & Cook County Hospital, Chicago, Il*

Background

Robotic vaginoplasty using either intestine or peritoneum represents an alternative to traditional penile inversion vaginoplasty in cases of: 1) insufficient local tissue, 2) post-operative vaginal stenosis, and 3) rectovaginal fistula. The authors present a video describing their algorithm and operative technique for intestinal and peritoneal vaginoplasty in these challenging clinical scenarios.

Methods

Case selection depends upon the clinical requirements. If a full-length vaginal canal is required or concomitant repair of a rectovaginal fistula is planned, an intestinal vaginoplasty is recommended. Alternatively, if only partial vaginal reconstruction is performed (ie construction of an apical cap for deepening of the vaginal canal), a peritoneal vaginoplasty is offered.

A two-team approach to both intestinal and peritoneal vaginoplasty is described. The plastic surgery team operates from the position of the perineum, and either the colorectal team or urology team operate trans nabdominally using the DaVinci Robot. When performing an intestinal vaginoplasty, a hybrid approach involving laparoscopic mobilization of the sigmoid colon and pelvic dissection with the DaVinci Robot is utilized. When performing a peritoneal vaginoplasty, robotic-only mobilization of the peritoneum is performed.

Results and Conclusions

Intestinal vaginoplasty offers the possibility of lubrication through endogenous mucus production. However, mobilization of the sigmoid colon may be difficult, and malodorous discharge and inflammation of the neovaginal lining may occur. Peritoneal vaginoplasty is technically less complex, avoids bowel surgery, but only allows reconstruction of an apical cap (approximately 4-7 cm).

Case Report: Laparoscopic assisted bowel vaginoplasty and transperineal recto-vaginal fistula repair in a trans woman following primary inverted-penoscrotal vaginoplasty.

Thursday, 11th April - 16:15: Surgeons Only Session IV: trans women (Bramante 15)

Konstantinos Georgas [1]***, Gennaro Selvaggi*** [1]***, Mattias Block*** [2]***, Jonas Bengtsson*** [2]***, James Bellringer*** [3]

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Background

Iatrogenic recto-vaginal fistula is one of the most serious complications following gender affirmation genital surgery in trans women. The treatment methods include conservative approach, antibiotic therapy, stoma creation, and delayed surgical repair. The surgical procedure consists of repair and/or excision of the fistula after adequate rectum mobilization. Usually, secondary bowel vaginoplasty is not performed together with the primary fistula repair, but is executed some months later.

Methods

This report describes the case of a 29-year old trans woman who undergone inverted-penoscrotal vaginoplasty and presented with a iatrogenic recto-vaginal fistula following the initial surgery. More specifically, the primary inverted-penoscrotal vaginoplasty was performed in August 2017; at day 5 postoperatively a scrotal flap necrosis was noticed, and at day 6 a recto-vaginal fistula became evident. CT and MRI with rectal contrast were performed. A 3 mm large recto-vaginal fistula was found. The patient underwent a colostomy creation 9 days after the primary operation. Eight months later, a laparoscopic assisted transperineal rectal repair, simultaneously with an ileal vaginoplasty was performed. To date, the follow-up is free of complications, and the patient is satisfied of the additional lubrication achieved with the ileal vaginoplasty. Colostomy closure surgery is planned for October 2018.

Results and Conclusions

This is the first case described in the literature of a laparoscopic assisted rectal repair using a perineal pull-through method of the rectum and excision of the fistula, with simultaneous ileal bowel vaginoplasty. The success of this approach shows the possibility of combining the fistula repair (following a primary inverted- penoscrotal vaginoplasty) and a bowel vaginoplasty at the same time. Bowel vaginoplasty and delayed recto-vaginal fistula repair, performed by a multidisciplinary surgical team including colorectal surgeons, plastic surgeons and urologists can successfully resolve the serious recto-vaginal complication and, at the same time, lead to a satisfactory result following the requested gender affirmation genital surgery.

Gender affirmation surgery (gas) in trans women: penectomy – what does it involve?

Thursday, 11th April - 16:20: Surgeons Only Session IV: trans women (Bramante 15)

Marta Bizic [1], ***Borko Stojanovic*** [1], ***Marko Bencic*** [1], ***Gradimir Korac*** [1], ***Svetlana Vujovic*** [2], ***Dragana Duisin*** [3], ***Dusica Markovic Zigic*** [4], ***Katarina Maksimovic*** [4], ***Marija Miletic*** [5], ***Milina Tancic-Gajic*** [5], ***Miroslav Djordjevic*** [1]

1. *School of Medicine, University of Belgrade, Belgrade, University Children's Hospital, Belgrade, Serbia,* ***2.*** *Faculty of medicine, University of Belgrade, Clinic of endocrinology, diabetes and diseases of metabolism, Belgrade genfer team,* ***3.*** *Psychiatry Clinical Center,* ***4.*** *Department of Psychiatry, Clinical/Hospital Center "Dr Dragisa Misovic", Belgrade,* ***5.*** *Clinic for Endocrinology, Diabetes and Metabolic Diseases, Clinical Centre of Serbia, Faculty of Medicine, University of Belgrade, Belgrade, Serbia*

Background

Penile inversion technique is a gold standard for genital reconstruction in trans women. Remnants after removal of corpora cavernosa can cause significant bulging, pain and therefore compromise sexual intercourse.

Methods

Our study group included 287 primary "penile inversion" vaginoplasty patients and 42 re-do patients aged from 23 to 56 years who underwent GAS in our Center. In primary GAS "penile disassembly" technique was used with complete dissection of the neurovascular bundle on the dorsal side with the glans cap and urethra on the ventral side of the penis. Total anatomical dissection of corpora cavernosa as far as their attachments to the pubic bones, with identification and ligation of cavernosal arteries, was performed as complete penectomy. Space was created between the urethra, bladder and rectum, and neovagina was formed and placed inside the pelvic cavity using penile inversion technique Urethra was shortened to create female-like urethral orifice, while clitoris was created from dorsal part of the penile glans. Scrotal folds were used to create labia majora. In re-do patients, pharmacological erection was induced by prostaglandine E1 so that the corpora cavernosa remnants were identified and carefully dissected from the surrounding structures with the attention not to injure urethra or neurovascular bundle.

Results and Conclusions

Follow-up period ranged from 12-90 months (mean 43 months). In all 329 patients corpora cavernosa were completely removed to their attachments to the pubic bones. None of the patients reported pain or bulging during arousal, postoperatively. Vaginal sexual intercourse was possible in all patients.

Removal of complete erectile tissue is of the utmost importance for functional and esthetically acceptable female genitals in trans women. Complete penectomy to the attachments to the pubic bones is the only real penectomy and must be performed in all patients to prevent postoperative painful erections caused by corpora cavernosa remnants.

Sensitivity before and after gender confirming surgery on the glans penis and neoclitoris - a preliminary report from an ongoing study.

Thursday, 11th April - 16:25: Surgeons Only Session IV: trans women (Bramante 15)

Hannes Sigurjonsson [1], ***Vera Perrin*** [2], ***Matilda Almblad*** [1]

1. *Karolinska University Hospital,* ***2.*** *Karolinska Institutet*

Background

Gender confirming surgery (GCS) is a cornerstone in the surgical treatment of gender dysphoria. Reconstructing the genitalia with tactile and erogenous sensitivity is crucial in GCS. The female clitoris has long been regarded as the stimulatory focus point in order to achieve orgasm, making the creation of a neoclitoris a vital part of the surgery. The clitoral flap is harvested as a W-shaped skin flap with its neurovascular pedicle from the proximal, dorsal part of the glans penis. Long-term follow up reports have shown high ability of the transgender women to reach orgasm after GCS but are limited to a few studies. To our knowledge, no previous study has compared the sensitivity before and after GCS in transgender women. The aim was to compare the tactile and vibratory sensitivity before, 1 and 12 months after GCS, on the glans penis and neoclitoris, respectively. Furthermore, the aim was to evaluate if the neoclitoris sensitivity was in line with that in ciswomen and to study if the patients were able to achieve orgasm after GCS.

Methods

Ten transgender women have been included so far. They were investigated regarding sensitivity preoperatively and one month postoperatively on the glans penis and neoclitoris, respectively. Tactile and vibratory sensitivity measurements were performed with Semmes-Weinstein monofilaments and Bio-Thesiometer, respectively. A control group of ten ciswomen were investigated regarding genital sensitivity. The patients received questions concerning orgasm function one month postoperatively.

Results and Conclusions

The patient's median age were 26.5 years. The median tactile and vibratory thresholds for the transgender women's glans penis were 24.0 g/mm^{2}and 0.26 µm, respectively. One month postoperatively the median tactile threshold of neoclitoris was 18.1 g/mm^2 and the vibratory threshold 0.25 µm (no significant change: p=0.313 and 0.469, respectively). The control group's median tactile and vibratory thresholds of the clitoris were 1.4 g/mm^2 and 0.04 µm, respectively. The tactile and vibratory sensitivity thresholds of the control group of ciswomen's clitoris were significantly lower than the thresholds of neoclitoris (p = 0.001 and p = 0.010, respectively). One patient achieved an orgasm one month postoperatively, out of two who had tried. The tactile and vibratory sensitivity seemed to be preserved one month after GCS. At this time, the sensitivity of neoclitoris was significantly inferior to the sensitivity of the control group.

Refinements of vaginoplasty in Okayama University

Thursday, 11th April - 16:30: Surgeons Only Session IV: trans women (Bramante 15)

Yuzaburo Namba [1]

1. *Okayama University Hospital*

Background

Sex reassignment surgery in trans women is classified roughly into a flap vaginoplasty and a colon vaginoplasty. We have developed some kinds of flaps in vaginoplasty. So I would like to report the utility of the current pudendal-groin flap method comparing with the conventional penile flap inversion method and also report our experience of a colon vaginoplasty assisted with a laparoscope.

Methods

At first we adopt a peno-scrotal combined flap in vaginoplasty. Secondary we refined it to M-shaped perineo-scrotal bilobed flap method. And now we ordinarily use a pudendal-groin flap. We started a colon vaginoplasty assisted with a laparoscope in 2012. Thereafter we have adopted flap vaginoplasty in the case whose colon couldn't be used for medical reasons, who refused to use a colon and who didn't want to have sexual affair. Almost ninety percentage patients selected a colon vaginoplasty in the past three years.

Results and Conclusions

We could cover the whole vaginal cavity without a skin graft in all patients with a pudendal-groin flap. And there was no particular problem such as a flap necrosis in the postoperative course. In colon vaginoplasty cases some patients complaint bowel problems such as chronic diarrhea. But, such complains disappeared within three or six months. All patients were recognized excessive discharge of colon fluid. But it decreased extremely within three months.

The penile flap inversion method is the global standard for vaginoplasty in trans women. But, the penile flap is used not only to resurface the vaginal cavity, but also to cover the perineal area. So in a short penis case such as an Asian trans women we have to add a skin graft to resurface the deep part of vaginal cavity. The grafted skin may become constricted and the vagina might become narrow and short as the result. Ideally, a reconstructed vagina should be fully lined with a hairless flap without a skin graft in a flap vaginoplasty. The peno-scrotal combined flap can't cover the whole vaginal cavity in a short penis case. So we adopt an M-shaped perineo-scrotal bilobed flap which doesn't include a penile part. But, it isn't enough for full resurface in an atrophic scrotum case who had been done castration. Finally we develop a pudendal-groin flap which looks like a seed leaf can easily resurface all vaginal cavity even in a small penis or an atrophic scrotum case. In a sigmoid-colon vaginoplasty assisted with laparoscope the operation time is not so prolonged than the conventional open method and the hospitalization period is shortened. The operative scar is minimal and the texture of the reconstructed vagina is very similar to the natural one. The satisfaction level of the sexual partner is higher than the flap vaginoplasty. At the present moment I think this procedure should be selected as the first choice.

Is a different approach needed for creation of clitoral hood and labia minora in penile inversion vaginoplasty in circumcised trans women?

Thursday, 11th April - 16:35: Surgeons Only Session IV: trans women (Bramante 15)

Karel Claes [1], ***Dries Opsomer*** [2], ***Katherine Gast*** [3], ***Lisa Ramaut*** [1], ***Edward De Wolf*** [2], ***Stan Monstrey*** [4]

1. *University Hospital Ghent,* ***2.*** *Ghent University Hospital,* ***3.*** *University of Wisconsin, School of Medicine and Public Health,* ***4.*** *Uz Gent*

Background

Gender dysphoria, the incongruence between anatomic sex and gender identity is estimated to affect 1% of the population. Creation of a feminine vulva remains a technical challenge for surgeons, especially in circumcised patients. Techniques for creation of a clitoral hood and labia minora during a single stage penile inversion vaginoplasty are not well described in the literature. We present a vulvoplasty technique with creation of both a clitoral hood and labia minora using a dorsal glans pedicled flap with prepuce skin in uncircumcised patients or distal shaft skin in circumcised patients.

Methods

A retrospective case review was performed of all penile inversion vaginoplasties performed by senior author (S.M.) between 2014 and 2016. History of circumcision, use of full thickness skin grafts (FTSG) to lengthen vault, necrosis of labia minora, and any revisionary surgery was recorded.

Results and Conclusions

A total of 161 single stage penile inversion vaginoplasty operations were performed using the described technique from 2014–2016. All patients were evaluated by the multidisciplinary gender team of the Gent University hospital prior to surgery and met standards of care established by World Professional Association of Transgender Health (WPATH). The majority, 97.5 % of patients, required FTSG to lengthen the vaginal vault. Creation of clitoral hood and labia minora was achieved in all patients. The overall early revisionary surgery rate was 4.3% (n=7) with six patients undergoing drainage of a hematoma and one patient needing a revisionary labiaplasty for dehiscence and skin necrosis. The overall late corrective surgery rate was 27.3% (n=44). Nine patients (5.6%) needed a revision for urethral stricture causing diversion of the urinary stream. All other late revisions took place because the patients desired minor aesthetical refinements of the labia (n=35 or 21.7%). Average length of follow-up was 29 months. Age, hormonal therapy time, Body Mass Index, smoking and diabetes were the investigated risk factors for postoperative complications but no significant correlations were found. In circumcised patients, distal penile shaft skin is used in absence of prepuce skin and survives on random blood supply through the circumcision scar. Labia majora are fashioned from the scrotal skin. Remaining penile shaft skin is inverted to construct the introitus and vaginal apex is lined with full thickness skin graft from excess scrotal skin. Postoperative genital aesthetics were excellent.

Conclusions:

Creation of the clitoral hood and labia minora during penile inversion vaginoplasty is achievable in both circumcised and uncircumcised patients with excellent aesthetic results and low revisionary surgery rate.

Fistularepair and Redo-Vaginoplasty as One-Step Procedure in Trans women

Thursday, 11th April - 16:40: Surgeons Only Session IV: trans women (Bramante 15)

Julia Bohr [1]***, Pier Francesco Alesina*** [2]***, Susanne Krege*** [1]

1. *Kliniken Essen-Mitte, Dep. of Urology,* ***2.*** *Kliniken Essen-Mitte, Dep. of General- and Visceral Surgery*

Background

In Recto-neovaginal fistulas following rectal injury in vaginoplasty patients and physicians face two main issues: loss of stool continence and in many cases loss of neovaginal depth due to infection and/or inability to dilate. Fistula repair takes time and may need several operative interventions. But once the fistula is closed, redo-vaginoplasty is more difficult to perform due to scar tissue and high risk of additional rectal lesions followed by potential new fistula.

Sigmoid vagina is established as a technique for primary and secondary vaginoplasties. As a pediculed flap it provides good quality tissue after transferred to vaginal space. In this study we want to evaluate the outcome of fistula repair and re-do vaginoplasty using a sigmoid segment as a one-step procedure.

Methods

Inclusion criteria were: State after primary vaginoplasty with rectal injury, presence of recto-neovaginal fistula, and need for secondary vaginoplasty.

Surgical technique was performed as follows: At first space for neovagina was dissected on the rectoprostatic fascia accompanied by resecting all remaining scar tissue. Then the peritoneal fold was opened to build a passage for the sigmoid segment. Sigmoid segment was prepared and mobilized laparoscopically. Then fistula was closed by double-layer suture. Now sigmoid segment was finally positioned, while mesenteric part was placed directly on fistula as an additional seal. Mucosa was then attached to the perineal skin. No stent was placed into vagina. Patients were allowed to dilate carefully with semi-rigid stent of 20 mm diameter max. Colostomy was left left for at least 3 month. It was removed after sufficient proof of fistula firmness. Firmness was tested radiologically and clinically.

Results and Conclusions

Three patients in our population were matching the inclusion criteria. All patients had received a colostomy previously.

All three patients came out with a successful closure of fistula. Patient 1 had the colostomy removed 6 month after surgery, patient 2 after 6 month also, patient 3 after 3 month. There was no recurrence of fistula observed. Outcome of all sigmoid segments was satisfying, meaning no shrinkage, shortening, perfusion disorders, or infections were observed. Patients are all satisfied with vaginal depth of at least 20cm each. Width at patient 2 is 24mm, and at patient 3 22mm, but is still not in a final state due to short interval after surgery; for patient 1 it was 24mm at time point of colostomy removal, actual width is unknown.

One-step fistula repair and redo-vaginoplasty using a sigmoid segment seems to be a safe and efficient technique in trans women after failed primary vaginoplasty and rectal injury. It combines a sufficient fistula closure using mesenteric tissue as an additional seal, and a sufficient forming of a new neovagina. In opposite to free skin grafts, perfusion of the sigmoid segment is self-sustaining and not dependent on early revascularization, which may fail especially in fistula-zones. Furthermore, a one step procedure avoids the risk of a re-injury of the rectum in future

surgeries. But since patient number in this study is very small, further investigation and greater patient population is needed to proof these results.

Sex reaffirming surgery for trans women using the combined technique leads to increased quality of life in a prospective study

Thursday, 11th April - 16:45: Surgeons Only Session IV: trans women (Bramante 15)

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Background

The authors' previous research showed that various plastic surgical procedures can increase a patient's quality of life in its different aspects. In a prospective setting, they evaluated whether sex reaffirming surgery has similar effects for trans women compared to baseline data before sex reassignment surgery.

Methods

All 39 trans women who underwent their sex reaffirming surgery between October of 2012 and January of 2014 received one set of questionnaires preoperatively (time 0) and approximately 6 months -on Life Satisfaction, Modules (German version) questionnaire, the Freiburg Personality Inventory, the Rosenberg Self-Esteem Scale, and the Patient Health Questionnaire, which were compared to available norm data.

Results and Conclusions

The mean age was 38.6 years. The majority of the trans women found in the Questions on Life Satisfaction, Modules (German version), especially for the items "partnership," "ability to relax," "energy," "freedom from anxiety," "hair," "breast," and "penis/vagina" ($p < 0.01$). Furthermore, they appeared more emotionally stable ($p = 0.03$), showed higher self-esteem ($p = 0.01$), and showed much lower depression/anxiety ($p < 0.01$).

Conclusions: The positive findings were confirmed with the results from prior retrospective studies. However, medical literature focuses largely on surgical and functional satisfaction and not overall quality of life. In addition, standardized questionnaires are used rarely and solely retrospectively, with the risk of recall bias. The increased quality of life of transgender women post-operatively endorses sex reaffirming surgery as a valuable option for these persons.

OMtFSFI: operated Male To Female Sexual Function Index. Development and validation of the first questionnaire to assess sexual function after gender reassignment surgery for trans women.

Thursday, 11th April - 16:50: Surgeons Only Session IV: trans women (Bramante 15)

Francesca Vedovo [1], Lisa Di Blas [2], Chiara Perin [3], Nicola Pavan [1], Marta Zatta [4], Stefano Bucci [1], Girolamo Morelli [5], Andrea Cocci [6], Augusto Delle Rose [6], Simone Caroassai Grisanti [6], Giorgio Gentile [7], Fulvio Colombo [7], Luigi Rolle [8], Massimiliano Timpano [8], Paolo Verze [9], Lorenzo Spirito [9], Francesco Schiralli [10], Carlo Bettocchi [10], Alessandro Palmieri [9], Vincenzo Mirone [9], Carlo Trombetta [1]

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Background

The available literature does not provide any questionnaire to evaluate sexual function after gender reassignment surgery for trans women. The assessment of sexual function in these patients is routinely performed by using tools designed for assigned women at birth, such as the Female Sexual Function Index (FSFI). Such a limit leads to a suboptimal evaluation, especially in domains like lubrication and dyspareunia. Moreover, FSFI scores in trans female patients often are similar to those observed in non-transsexual women with sexual dysfunction. We aim at developing validate new questionnaire, the operated Male to Female Sexual Function Index (oMtFSFI) in order to assess sexual function in patients who underwent gender reassignment surgery.

Methods

A panel of experts in gender dysphoria (4 uro-andrologists, 3 psycho-sexologists) defined salient content areas to be explored (genital self-image, desire, arousal, lubrication, orgasm, satisfaction and sexual pain). Ten trans women were administered the questionnaire in order to check its face validity. Their suggestions helped the expert revising the initial version. The revised oMtFSFI questionnaire presents 18 items and was applied in the present study. oMtFSFI with FSFI, Back Depression Inventory II and SF-36 questionnaires were web-based administered to 125 operated trans women, recruited during follow-up visits in 7 italian centres and to 80 women who provided self-ratings.

Results and Conclusions

65 trans women and 57 cisgender women completed the study. trans women and cisgender women did not differ in their age (mean 38.5 SD 9.3 versus 37.7 SD 11.5 years old). trans women underwent reassignment surgery up to 19 years before (mean 5.1). Principal component analysis performed on the self-ratings provided by MtFs on the oMtFSFI items yielded a 3-domain structure: Sexual Dissatisfaction, Sexual Pain and Genital self-image. The same structure emerged when data from the whole group were analysed. For trans women, Cronbach Alphas ranged from 0.64 to 0.93 for the three domains. After controlling for age and years from surgery, clear convergent associations with FSFI scales were found for Sexual Dissatisfaction and Sexual Pain but not for Genital Self-image; BDI did not

account for additional variance. These results support the reliability and psychometric validity of the oMtFSFI in the assessment of key dimensions of transgender women sexual function. Further studies are needed to develop a diagnostic cut-off scores for a potential classification of operated trans women's sexual dysfunction.

Exploring the needs, expectations, and realities of mental healthcare for transgender adults: A grounded theory study on experiences in Sweden.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Debra Beight [1], ***Markus Larsson*** [1]

1. *Lund University*

Background

Transgender persons experience a disproportionate representation in adverse mental health conditions globally. In Sweden there are tangible efforts to improving mental healthcare overall, but as a minority population, transgender persons still struggle with meeting their mental healthcare needs. While social factors such as stigma and discrimination act as catalysts for this burden, there is an absence of understanding the role of mental healthcare for this population and how mental healthcare services are being utilized.

The aim of this study was to gain an in-depth understanding of the mental healthcare needs for transgender persons in Sweden, that are both related and unrelated to the transition process. More specifically this study sought to explore the strategies employed by transgender persons to address their own concerns of mental health issues and mental healthcare. This gives insight into the role of mental healthcare and the ways care was navigated by trans persons.

Methods

Methods: Nine in-depth, semi-structured interviews were conducted with persons who identified as transgender or gender non-binary, at some stage of transition in Sweden. Data was collected, analyzed, and interpreted using constructivist ground theory.

Results and Conclusions

Results:Three categories emerged from the analysis of the data, Objectification vs. Subjectivity, Constructing the Narrative, and Reflections of Care that illustrate the dual tensions at play in transgender visibility, communication with mental healthcare professionals, and expectations of care. Six subcategories further delineate the specific forces at work in tension with one another that construct the mental healthcare experiences for trans persons.

Conclusion: Increased knowledge and visibility of transgender persons is needed to adequately serve the mental healthcare needs for this population. Currently there are barriers that inhibit transgender persons from getting the mental healthcare assistance desired and needed, as they do not view the healthcare system as safe space within which to receive care. As steps are being taken to de-pathologize transgender identities, momentum should be continued to create space for trans persons in society that enables unencumbered mental health assistance.

Effect of Cross-sex Hormone Treatment on Autistic Traits in Treatment-Seeking Transgender Adults: A Longitudinal Study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Anna Nobili [1], ***Cris Glazebrook*** [2], ***Megan Cable*** [2], ***Walter P Bouman*** [3], ***Jon Arcelus*** [1]

1. *University of Nottingham - Nottingham Centre for Transgender Health,* ***2.*** *University of Nottingham,* ***3.*** *Nottingham Centre for Transgender Health*

Background

Background

Cross-sectional studies using validated scales suggest that transgender assigned females at birth have an increased risk of scoring above the cut-off for probable autism. However, the extent to which elevated levels of autistic traits reflect a stable clinical condition, rather than heightened social anxiety associated with transgender status, is unclear. This study aims to explore the impact of Cross-sex Hormone Treatment (CHT) and transition to experienced gender on levels of autistic traits in transgender adults.

Methods

Methods

Transgender adults attending a transgender health service (n=91) were included in this longitudinal study if they had completed a measure of autistic traits (AQ-short) pre-CHT and one year post-treatment. We assessed levels of anxiety using the HADS anxiety sub-scale at the same time points. Repeated measures ANOVA was used to determine the relationship between birth-assigned sex and change in AQ-short scores, with change in anxiety as a covariate.

Results and Conclusions

Findings

Change in levels of autistic traits after treatment was positively associated with change in levels of anxiety ($r= 0.46$, $p<0.001$), particularly in assigned males ($r=0.58$, $p<0.001$). However, there was no overall change in levels of anxiety or AQ-short scores post-treatment.

Controlling for change in anxiety and age, we found a significant interaction between birth-assigned sex and change in level of autistic traits ($p<0.05$). Transgender participants assigned female at birth tended to increase their AQ-short scores post-treatment, with transgender birth assigned males reducing their scores slightly. The only significant simple main effect showed that transgender birth assigned females had higher AQ-short scores compared to birth assigned males post-treatment.

Interpretation

Findings suggest that high levels of autistic traits in transgender males are maintained following transition to the experienced gender. There is some evidence that the disparity in levels of autistic traits between transgender birth-assigned males and birth-assigned females increases following testosterone treatment, providing some support for the extreme male brain theory of autism.

Establishing the gender health clinic for children and adolescents in Slovenia

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Maja Drobnic Radobuljac [1], Mojca Sostaric Zvonar [1], Irena Rahne Otorepec [1], Peter Zajc [1], Tadej Battelino [2]

1. *University Psychiatric Hospital Ljubljana,* ***2.*** *University Children's Hospital*

Background

Slovenia is a small European country with 2.6 million inhabitants. It opened its first child and adolescent psychiatry gender health clinic in October 2016. The team comprised of a group of gender health psychiatrists, a clinical psychologist and a child and adolescent psychiatrist in cooperation with a pediatric endocrinologist, a gynecologist and a plastic surgeon. The health care team is cooperating closely with the local CAMHS as well as the non-governmental organizations. The aim of the present paper was to assess the characteristics, specific needs and corresponding management of the clinic population.

Methods

A retrospective chart review was performed for all the children or adolescents (C/A) admitted to the clinic from October 2016 to March 2018. All the C/A and/or their parents signed informed assents/consents prior to enrollment. The use of users' data was confidential by the managing clinicians. The data gathered were: age, chromosomal, gonadal, hormonal, or genital sex characteristics, birth assigned sex, gender identity, parent support, as assessed by family interview, desired procedures, specific psychopathology (assessed by clinical psychological examination).

Results and Conclusions

Twelve users were enrolled. Of these, 11 were adolescents, one was a gender affirmed female with two children, who needed counseling for her developing children. Of the adolescents, in two the chromosomal, gonadal, hormonal and genital sex was male and in nine, female, their birth assigned sex was corresponding. Two of them were showing signs of developing gender identity incongruent with their birth assigned sexes and their parents needed consultation, the remaining were diagnosed with gender dysphoria and wished to enter the gender confirmation process. Their average age was 16,9 years (min 11, max 17).

In clinical psychological assessment their intellectual capacities were mostly average, they exhibited a higher degree of gender dysphoria and lower self-concept (especially physical) as compared to the reference group. When drawing a person, they had drawn the perceived gender first (Male and Female). In personality assessments, there was a trend towards perceptual disturbances (weaker reality-testing), heightened level of thought disorders and ego impairment in the majority of users. In addition, they also showed greater body concerns (preoccupations with bodily functions), signs of anxiety and dysphoric affect. In some cases, these were signalling for dystimic, deprivating underlying feelings as symptoms of depression.

Three of the families were supportive of their experience at the time of inclusion and required only minor counseling with regards to the procedures, the rest were non-accepting and were offered family therapy sessions. At the time of writing seven users were in continuous consultation process, three have completed diagnostic assessment, three have officially changed names, two have completed family therapy and begun with hormonal treatment, one of them is waiting for mastectomy. In one of the patients removal from the family was suggested due to extremely neglecting and abusing reactions from parents.

The service experienced a relatively high demand in a newly opened area. Rapid changes in the management of C/A

with diagnosed gender dysphoria require highly specialized team of experts cooperating with legislation authorities and non-governmental organizations.

Klinefelter Syndrome in a patient diagnosed with Gender Dysphoria

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Cherng Jye Seow [1]

1. *Tan Tock Seng Hospital*

Background

The prevalence of chromosomal abnormalities appears to be slightly higher in the transgender population compared to the general population. This illustrates a patient with Klinefelter Syndrome diagnosed during the initial evaluation of gender dysphoria.

Methods

A 21 year old university undergraduate was diagnosed with gender dysphoria by the psychiatrist and referred for gender affirming therapy. She expressed feelings of anxiety and depression over her birth assigned gender and the feelings were not relieved with fluoxetine treatment. She was keen to be started on cross hormonal therapy with an intent for gender reassignment surgery eventually. On examination, she was tall at 1.84 meter, her weight was 70.4kg and BMI 20.8. She had long limbs, gynaecomastia and small testes of 4ml bilaterally. Baseline laboratory results: Testosterone level was low at 5nmol/L (RI: 8.6-29), FSH and LH elevated at 42.8 IU/L (RI: 1.5-12.4) and 33.2 IU/L (RI: 1.7-8.6) respectively. History did not suggest any etiologies of primary hypogonadism such as previous testicular trauma, cryptorchidism, varicocele, previous radiation, medication intake or mumps infection. Cytogenetics test revealed XXY karyotype. The diagnosis of Klinefelter Syndrome was conveyed to the patient. Treatment options were discussed and she was eventually initiated on estrogen and anti-androgen therapy (Spironolactone) with development of secondary sexual characteristics and much improvement in her mood disorder. Her triglyceride level was elevated (3.2 mmol/L) but there were no other evidence of metabolic syndrome. Her vitamin D level and bone mineral densitometry was normal. She opted for lifestyle interventions for the hypertriglyceridemia. There are plans for gender reassignment surgery in the near future.

Results and Conclusions

Klinefelter syndrome is the most common congenital cause of primary hypogonadism occurring in 1 in 1000 live people assigned male at birth. The diagnosis is rarely made at birth with most patients diagnosed after puberty. It may predispose to gender dysphoria although the mechanism is not clearly elucidated. A retrospective study examining the karyotypes of 368 transgender individuals revealed the prevalence of abnormal karyotypes to be 3.19% among trans women and 0.85% among trans men.

Cohort studies showed a markedly increased standardised mortality ratios for diabetes mellitus, pulmonary embolism and peripheral vascular disease. There is also a higher incidence of mediastinal tumours and breast cancer and earlier onset of osteoporosis as well as learning difficulties and behavioural dysfunction.

Although routinely investigating for Klinefelter syndrome with karyotyping may not be cost effective, the diagnosis of Klinefelter syndrome allow for earlier intervention such as regular screening for metabolic disorders, prescription of diet and exercise programs and cancer prevention awareness and this may lead to improved clinical outcome for the patient.

The Mental Health Aspects of Barriers to Primary Care for Transgender Patients

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Jake Bush [1]***, Christopher Blackwell*** [2]***, Steven Talbert*** [2]

1. *University of West Florida,* ***2.*** *University of Central Florida*

Background

In the last few years, public attention and research have been drawn to health disparities within the transgender community. This has occurred as a consequence of increasing acceptance and visibility of LGBTQ persons in society and emerging science highlighting health needs that are specific to this population. Three national surveys reported on multiple barriers to healthcare for transgender and gender non-conforming participants, along with frequencies of health disparities. Data from these assessments showed transgender and gender non-conforming participants had higher rates of discrimination and barriers to health care compared to lesbian, gay, bisexual, and HIV-infected participants. Specific barriers identified by transgender or gender non-conforming participants included concerns regarding healthcare providers' knowledgeable of their healthcare needs, being treated differently directly related to their gender identity or expression, refusal of care, and lack of mental health and substance abuse support groups. Other specific factors that can affect health were issues with mistreatment and violence, economic hardship, harmful effects on physical and mental health, and a compounding impact with discrimination. There were higher rates of psychological distress in the last month compared to the general population (i.e., 39% vs. 5%). Suicide attempts were substantially higher compared to the general population for both lifetime occurrence and the last year (i.e., nine times the rate of the general population and twelve times the rate of the general population, respectively). Investigation of the specifics of transgender primary care is validated by the overall national increase of the population to access to primary care as a consequence of the *Affordable Care Act* coupled with scholarly evidence that substantiates transgender barriers to primary care. While it is imperative to note sexual orientation and gender identity assume no relationship, sexual minority groups may have had, or continue to have, similar difficulties with primary care.

Methods

A comprehensive review of the state of the science was undertaken with a focus on LGBT populations. The databases MEDLINE, PsycINFO, GenderWatch, Social Abstract, CINAHL with Full Text, and Cochrane Database of Systematic Reviews were searched for relevant articles. A total of 14 articles were analyzed.

Results and Conclusions

The major barriers identified from the literature related to communication, provider-patient relationships, and environmental influences. Patients perceived acceptance or communication of LGBTQ acceptance from their healthcare providers verbally, nonverbally, through body language or symbols. Patients may have angst or reluctance to seek medical attention based on previous healthcare experiences. LGBTQ patients tend to bring preconceived notions of expected stigma, prejudice, or other negative feelings (that may or may not have been informed from previous healthcare experiences), into every healthcare encounter. Both, primary care providers and LGBTQ patients have a responsibility of open communication. Largely, primary care providers expressed openness to caring for their LGBTQ patients.

Specific recommendations applicable to the clinical setting include those aimed at reducing obstacles related to communication, provider-patient relationships, and environmental influences. Directives for future research include larger and more diversified/representative sampling and provider-focused inquiries aimed at identifying specific etiologic forces that contribute to transgender health disparities and barriers to primary care services.

Adult attachment, trauma and Reflective Function in adults with GD diagnosis: a longitudinal study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Sarah Finzi [1], ***Giulia Di Fini*** [1], ***Chiara Michela Crespi*** [2], ***Valentina Mineccia*** [2], ***Maria Teresa Molo*** [3], ***Fabio Veglia*** [1]

1. *Department of Psychology, University of Turin,* ***2.*** *CIDIGEM (Turin University Hospital Gender Team - Italy),* ***3.*** *Fondazione Carlo Molo ONLUS*

Background

The study of trauma and associated symptoms in clinical samples and sexual minorities is essential for setting up effective treatment plans. Previous studies highlighted a high percentage of traumatic experiences in the autobiographical narratives of individuals with GD diagnosis. Other authors propose that GD can constitute a traumatizing or re-traumatizing condition for the individual throughout their developmental history. Attachment Theory may offer new ways of understanding the role of trauma in individuals with GD diagnosis, especially in order to offer clinical interventions. Literature has not yet explored the role of parents' difficulties in mirroring the child's gender variance and, only partially, the role of past attachment experiences in adults with GD diagnosis.

Moreover, few studies have investigated the possible difficulties in mentalization processes as well as the possible change in the levels of Reflective Function (RF) along the gender transition process.

In the first part of the study we aimed to examine if and how gender transition process influences the continuity of the attachment states of mind and RF level. In the second part we chose to deepen the analysis by investigating the prevalence of different types of adverse childhood experiences and their impact on adults with a GD diagnosis, compared to a cisgender control group, in terms of resolved/unresolved states of mind with respect to attachment and presence of dissociative symptoms.

Methods

In the first part of the study (the) Adult Attachment Interview (AAI) was administrated to 20 adults referred to a Gender Clinic in Turin (C.I.D.I.Ge.M.) immediately after the GD diagnosis and after the Gender Affirming Surgery. RF was coded according to the RF Scale from (the) AAI transcripts. In the second part we added the Adverse Childhood Experiences Questionnaire (ACE) and the Dissociative Experiences Scale (DES), testing another group of 50 adults with GD diagnosis. A control sample of cisgender was recruited and paired according to age, sex assigned at birth and education.

Results and Conclusions

Data after the GD diagnosis revealed a high percentage of insecure attachment with frequent signs of unresolved loss or trauma. Sample with a GD diagnosis registered a higher exposure to adverse childhood experiences (especially humiliation and threats), higher scores related to derealisation/depersonalization symptoms and a lower RF level than the control group. After the surgical transition we found an improvement both in the AAI coherence scale and RF scoring: the most important RF indicators were the awareness of the nature of mental states and family dynamics, as well as a revision of thoughts and emotions.

These findings underline that the gender transition may involve effects on subjective and intersubjective mirroring processes associated to the new sense of self body congruity. Understanding the role of mentalization and trauma in the life of individuals diagnosed with GD is useful in order to improve the clinical intervention.

Trans and non-binary people in forensic settings: Demographics and treatment considerations

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Christina Richards [1]

1. *Tavistock and Portman NHS Foundation Trust*

Background

The Charing Cross Gender Clinic in the Tavistock and Portman NHS Foundation Trust, along with the Nottingham Center for Transgender Health, see the majority of trans and non-binary people with forensic histories in the UK who are seeking assistance with their gender.

The usual assessment process for hormones and surgeries is complicated by some people presenting to services for reasons other than their gender; some who have significant mental health factors which complicate assessment; and some people whose offending makes assessment more complex - both in terms of the logistics and nature of the assessment.

Further, there is little information available about the number and nature of the people with forensic histories who are being seen in gender clinics, and the concomitant associated service needs.

Methods

An audit of all current patients at the Charing Cross Gender Clinic was carried out to identify the number of people with forensic histories, and the demographics of those people, including the type and nature of their offending. Audit approval was granted on 10/09/2018 by the NHS Trust Audit department.

Results and Conclusions

Results of this ongoing audit will be presented at the conference.

In addition, details will be given of the specific nature of assessment for this client group, including differentials which should be considered, the sensitivities of which estate people should be accommodated in, and a consideration as to the nature of the multidisciplinary team engaged - including multi-agency involvement.

GIST (Gender Identity Skills Training): Pilot Training Programme for Clinicians in Ireland

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Aileen Murtagh [1]***, Vanessa Lacey*** [2]***, Natasha Prescott*** [3]***, Anne Kehoe*** [4]***, Angela Joy*** [5]

1. *St Patricks University Hospital, Dublin,* ***2.*** *TENI,* ***3.*** *GIDS,* ***4.*** *CAMHS,* ***5.*** *HSE*

Background

GIST is an Irish publically-funded initiative developed to upskill clinicians in working with gender diverse and dysphoric youth. This is particularly important in the absence of a national specialist service in Ireland.

An Irish survey (McNeil et al 2013) of trans people revealed that 69% and 79% had at least one negative experience in a mental health and general health service respectively. 38% were told that the clinicians themselves lacked knowledge of trans-healthcare. Provision of training to Irish staff was recommended.

Methods

GIST is a three day training package, comprising two days of didactic lectures and interactive sessions in addition to one day of facilitated case discussion. The organizing committee involved collaboration between national and international clinicians, the Irish public health service Health Service Executive (HSE) and the national non-profit organization TENI (Transgender Equality Network Ireland). Dr Thomas Steensma, Centre of Expertise on Gender Dysphoria, Amsterdam was the international lead. Dr Natasha Prescott, GIDS, UK also collaborated on this project. Topics covered included assessment, exploration and psycho-social support, co-occurring mental health issues and neuro-developmental conditions, outcomes, transitions, service provision, fertility and sexual health. Speakers representing a variety of disciplines were involved, including Psychology, Psychiatry, Paediatric Endocrinology and Nursing, in addition to Health & Education Manager and Education & Family Support Officer from TENI.

Results and Conclusions

43 delegates registered. Half of the delegates were Psychologists (51%), mostly Clinical Psychologists (n=16). Nursing (16%) and Psychiatrists (14%) accounted for almost a third of attendees.

26 attended the full 3 day training, 15 attended 2 days with 2 delegates attending 1 day. For those who didn't attend the third day of case discussion, for the majority (n=8) case discussion was not relevant to their current work e.g. educational psychologists, sexual health clinic staff and youth advocates.

A pre-and post-quiz was completed to evaluate baseline knowledge and knowledge accrued during training. An average score of 5.9 was obtained in pre-quiz out of a max score 10. Almost 50% of respondents in the pre-quiz thought an endocrinologist only should discuss fertility implications of hormones. Average score of 9 in the post-quiz.

The course was internally and externally evaluated. CPD accreditation obtained from College of Psychiatrists of Ireland and Psychological Society of Ireland. The external evaluator contacted delegates a month post-training to evaluate application of skills to clinical practice.

22 delegates completed the internal evaluation form. 23% had no prior experience with gender diverse youth. 41%

had worked with less than 5 gender diverse youth. 22% had worked with 5-10 youth. 14% had worked with more than 10 youth. 95% rated training as excellent and 5% as good. 95% indicated they were more or much more confident in using appropriate terms and language with gender diverse youth.

In summary, GIST is a publically funded three-day training initiative which involved collaboration between the Irish public health service, national and international clinicians and a national non-profit organization. Delegates attending had varied levels of prior experience working with gender diverse youth. Feedback is promising with a national roll-out of training under consideration.

Influence of Internalized Transnegativity on Depression, Anxiety, and Suicidal Tendency in Trans Populations: A Systematic Review

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Marc Inderbinen [1], ***Jens Gaab*** [2], ***Kristin Schaefer*** [3], ***David Garcia Nuñez*** [4]

1. *University of Basel, Department of Psychology,* ***2.*** *Department of Psychology, Division of Clinical Psychology and Psychotherapy, University of Basel,* ***3.*** *Department of Plastic, Reconstructive & Aesthetic Surgery and Hand Surgery, Basel University Hospital, University of Basel,* ***4.*** *Center for Gender Variance, Basel University Hospital, University of Basel*

Background

Trans individuals face stigmatization in virtually all cultures. Discrimination and victimization heavily impact the lives of trans populations and may cause adverse mental health outcomes. Based on the Gender Minority Stress Modell (GMSM), studies show that self-stigmatization of trans individuals could play an important role in this process. At the same time, there are resilience factors that contribute to the reduction of the negative consequences of the social exclusion of trans persons.

The goal of this systematic review is to examine the influence of the most proximal gender minority stressor, namely internalized transnegativity (IT), on depression and anxiety as well as suicidal tendency in trans people. Further the identification of protective factors for the development of anxiety and depression as well as suicidal tendency in trans populations is also subject of this systematic review.

Methods

This review was done systematically and accordingly to the protocol of the PRISMA statement. After the search in five large electronic databases in January 2018 and the following screening and selection procedure eleven quantitative articles were found eligible for analyses.

Results and Conclusions

The results are drawn from a sample of 5.511 self-identified trans individuals. Twelve instruments were used assessing psychopathological symptomology as well as seven measuring IT. While six studies found direct effects of IT on depression and anxiety, two found indirect effects via rumination and psychological distress. Four articles described the positive association between IT and suicidal tendency. The mediational role of depression, respectively perceived burdensomeness and thwarted belongingness between IT and suicidal tendency, was shown in two articles. Positive affect toward community was identified as protective factor against depression and anxiety by four studies.

The need for a paradigm shift within psychiatric and psychological practice towards explaining trans persons' experiences of stigmatization in society and its consequences is long overdue and important for the mental health of this population. Thereby, the yet understudied concepts of the GMSM as well as the psychosocial approach of self-stigma hold the potential to shed light on the underlying factors of trans people's risk for impaired mental health.The high explanatory value of the concept of IT as well as its importance for clinical work is emphasized. Further research addressing IT and its consequences is needed.

HIV and sex work in a large sample of European transgender and non-binary persons

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Judith Van Schuylenbergh [1], ***Joz Motmans*** [1], ***Guy T'Sjoen*** [2]

1. *Ghent University,* ***2.*** *Uz Gent*

Background

HIV prevalence rates have been estimated high for transgender persons, especially transgender women. Studies indicate that transgender women have been disproportionally represented in the sex industry, which has been mostly attributed to discrimination on the labour market. However, for European transgender persons, HIV prevalence, involvement in sex work (SW) and correlates remain largely unknown. Hence, the aim of this study is to estimate the prevalence of HIV and the involvement in SW, and identify factors associated with the involvement in SW in a large non-clinical sample of European transgender persons, thereby including not only transgender women, but also transgender men and non-binary persons, who have been largely neglected in transgender HIV and SW research.

Methods

This study investigates HIV prevalence and engagement in SW in transgender and non-binary persons from 6 European countries, using data from two large online surveys: the TGEU Trans Health Survey (2017, conducted in Georgia, Serbia, Sweden, Poland and Spain, N=850) and the Trans in Belgium survey (2017, N=413), both open for self-identified transgender persons aged 16 and older and widely disseminated online and offline by several transgender organisations. Data of both surveys, of which the sexual health section and all other relevant measures were set up in exact the same way, were merged into one dataset, obtaining a sample size of 1263 participants. Descriptive and bivariate analyses were conducted to explore HIV prevalence, HIV testing behaviour and involvement in SW. Bivariate and multivariate binary logistic regressions were conducted to investigate associations of lifetime involvement in SW with gender identity, passability, age, education and economic stress.

Results and Conclusions

Of all participants, 65,2% states knowing their current HIV status, of which 1,6% states being HIV positive (n=13). This is 1% of the total sample. Of all participants, 6,8% was ever engaged in SW and 2,9% was engaged in SW during the last 12 months. Of all participants with positive HIV status, nine had a history of SW. Participants ever involved in SW stated significantly more knowing their HIV status (X^2=12,302; p<0,001), and had significantly more recently had an HIV test than persons never involved in SW (X^2=69,377; p<0,001).

Lifetime engagement in SW is associated with **gender identity** (X^2=27,760, p<0,0001). For transgender women, engagement in SW was estimated at 11,8%, compared to 3,5% for transgender men and 4,9% for non-binary persons. Lifetime engagement in SW is also associated with **age**and **economic stress**. A variety of reasons for engaging in SW is mentioned.

Conclusion

This study is the first exploring HIV and SW in a large sample of European transgender persons. HIV prevalence rates found within this sample are considerably lower than other self-reported prevalence rates found in current literature on transgender persons and HIV. However, transgender persons' involvement in SW – transgender women as well as transgender men and non-binary persons - is estimated considerably higher in this study than involve-

ment in SW for cisgender women in Western Europe. Though associated with economic stress, reasons for involvement in SW appear complex and varied. More research is needed in this area.

The Transgender Partner Project

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Melanie Verbeke [1], ***Joz Motmans*** [2], ***Myrte Dierckx*** [3]

1. *Ghent University Hospital,* ***2.*** *Ghent University,* ***3.*** *Uz Gent*

Background

Partners and former partners of trans people may need tailored support from someone who is familiar with 'trans' as a topic. The Transgender Infopunt (Belgium) realized it was not catering sufficiently to the needs of partners with regard to support and peer contact. Especially former partners are in need of support on more 'neutral' grounds, i.e. outside the trans care context.

Endowed by the Flemish government, a project aimed to address professional and peer support related needs among partners and former partners of trans people. After three years, the transgender partner project has been evaluated.

Methods

The project offers support for partners and former partners on two levels. The first level concerns individual support: one-on-one peer contact. The staff member (Transgender Infopunt) selects the candidates, (former) partners of trans persons who voluntarily want to provide emotional support to other partners. These candidates get a professional training to become experts by experience. Afterwards, the staff member sets up the profiles of the experts by experience. Partners in need can be matched to experts by experience. The staff member organises a first contact and assesses the follow-up. The staff member is permanently available for the experts by experience in case of questions, emotional issues etc. Twice a year, intervision meetings have been organised for the experts by experience. The second level concerns group support: peer contact in group. Transgender Infopunt organises support meetings, exclusive for partners and former partners, on neutral locations in several regions. In this way, a safe environment can be guaranteed.

Results and Conclusions

In total, 20 experts by experience have been trained, and have been matched to 44 partners in need. 31 support group meetings have been organized for an average of 5 attendees. The project has reached 85 (former) partners.

An evaluation survey aimed to evaluate the experiences of the experts and partners participating in the project. Various interesting results can be highlighted: First, results show that (former) partners feel supported. Second, the one-on-one contact and support meetings complement each other. Third, three key words can be distinguished: recognition, security and understanding.

The method has succesfully been tested in other target audiences (parents of trans youth).

As we speak, the government demands to anchor the project structurally within a larger organization.

Are two scans better than one? Scan-rescan reliability on structural neuroanatomical measures in transgender persons

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Sven Mueller [1], ***Behzad Sorouri khorashad*** [2], ***Freya Acar*** [1], ***Anna Hudson*** [1], ***Behnaz Khazai*** [3], ***Ali Talaei*** [2]

1. *Ghent University,* ***2.*** *Mashhad University of Medical Sciences,* ***3.*** *University of Southern California*

Background

One important issue to establish whether the brains of transgender persons resemble those of their gender identity or their sex assigned at birth is the issue of power and low sample sizes. Given that an increase in sample size is often not possible, we assessed whether collecting two anatomical MRI scans in a row would improve signal and reliability to mitigate the power issue. This is an important issue as presently available findings are highly discrepant. A second issue is that most MRI findings have been presented in Western samples and potential cultural differences have not been addressed.

Methods

To this goal, two back-to-back within session structural MRI scans for each participant of the following four groups were acquired: transgender women (TW, n = 40), transgender men (TM, n = 40), cisgender men (CM, n = 30) and cisgender women (CW, n = 30) all of whom participated in a study in Mashhad, Iran. Regional grey matter volume, cortical surface area, and cortical thickness were assessed using the FreeSurfer pipeline focusing on 10 *a priori* regions of interest (ROI) previously reported to differ between transgender and cisgender persons.

Results and Conclusions

Analyses showed that acquiring a second scan increased the power of measurement in all ROI but particularly in bilateral frontal poles, bilateral accumbens, and putamen. Generally speaking, findings in transgender persons were more consistent with sex assigned at birth in the probed ROI in brain volume and surface area. No significant differences emerged for cortical thickness between groups. Finally, results in the Iranian sample were generally very similar to those reported previously in Western samples. The results further suggest that a simple time and cost effective measure to improve signal to noise ratio in populations with low prevalence rates is a second anatomical scan when structural MRI is of interest.

Detransition rates in a national UK Gender Identity Clinic

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Skye Davies [1]***, Stephen McIntyre*** [1]***, Craig Rypma*** [1]

1. *Charing Cross Gender Identity Clinic, Tavistock and Portman NHS Foundation Trust*

Background

Detransitioning refers to the process whereby people who have undergone gender transition later identify or present as the gender that was assigned to them at birth. Transgender people may also go on to retransition, that is, to identify or present with a different transgender identity. Detransition and retransition may involve a change in identity, social presentation, legal documentation, or physical interventions. Most previous studies indicate very low rates of detransition. Some people who do not detransition, may still feel regret related to their transition. The aim of this study was to investigate treatment outcomes in a UK National Health Service (NHS) adult gender identity clinic by examining the rates of and reasons for detransition and regret.

Methods

Patient assessment reports created between August 1st 2016 to August 1st 2017 were scanned electronically for words related to detransition or regret. The reports that were retrieved in the search were reviewed by study authors to identify evidence that patients had detransitioned or expressed regret related to their transition. Data extraction included patients' age, gender identity, gender assigned at birth, and descriptions of their detransition or regret.

Results and Conclusions

Of the 3398 patients who had appointments during this period, 16 (0.47%) expressed transition-related regret or detransitioned. Of these 16, one patient expressed regret but was not considering detransitioning, two had expressed regret and were considering detransitioning, three had detransitioned, and ten had detransitioned temporarily. The reasons stated by patients for their regret or detransition included: social factors, reporting physical complications, and changing their mind about their gender identity and identifying as their gender assigned at birth. The 16 patients consisted of 11 trans women, two trans men, two cis men, and one person assigned male at birth who said their gender identity was "trans".

Study findings are consistent with previous research showing low rates of detransition. Detransition was most often prompted by social difficulties rather than changes in gender identity or physical complications and was most often temporary. Only three patients made a long-term detransition. Strengths of this study include our use of an electronic search to efficiently scan a large number of patient records and our investigation of reasons for regret and detransition. Limitations of this study include that it only provides a snapshot of current rates of detransition and regret and relied on self-reported experiences of patients who may not have disclosed information relevant to this study in their appointments. These results suggest that current practices at the clinic are related to very low rates of detransition and regret. Future studies in gender identity clinics may investigate factors that predict detransition in a larger sample of patients.

Health, well-being and social inclusion of transgender immigrants and asylum seekers

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Letizia De-Coll' [1]

1. *Il Grande Colibrì*

Background

Migrant transgender population is characterized by **specific needs for the very condition**of being a migrant or a refugee as a result of discrimination of sexual identity, that hold a distinct help request (Chàvez, 2011), deserving of an appropriate response.

It denotes a **double vulnerability**, which results in doubling exposure to discrimination: those linked to immigration or asylum seeking stigmas and those linked to one's sexual identity. These discriminations can be perpetrated both by the host community and by that of other asylum seekers and refugees (UNCHR, 2015).

As for the hosting community, transgender migrants, asylum seekers and refugees are liable to being **discriminated during the whole process of social inclusion** against while they are **looking for a job and/or accommodation**.

Methods

Is a qualitative research: bibliographic about the employment status, social exclusion and invisibility of Transgender immigrant people (Kedde, Van Berlo, 2011; Geijtenbeek, Plug, 2015;Namaste, 2000; Goderie et al. 2002; Luit, 2013; Van der Pijl et al., 2018) and interview to the general supervisor of 'Il Nido del Colibrì' in Piacenza, Mr Valeriano Scassa

Results and Conclusions

A couple of studies (Holland:2010,2015) show how the "prejudice" works on the job's field: indeed, half of the interviewed pool tells to have lost their job due to their gender identity (Kedde, Van Berlo, 2011), moreover, whereas a transgender person would find a job, there is a pay gap with the cisgender male population (Geijtenbeek, Plug, 2015).

These disadvantageous labour conditions seem to lead particularly those who don't have a legal status (Namaste,2000;Goderie et al.2002;Luit,2013; Van der Pijl et al.,2018) and many of them are forced into prostitution or sex work for economic sustenance (Van der Pijl Y. et al., 2018). Although work as sex worker is a regular source of income and it helps them to pay for their transgender-related healthcare needs (Namaste 2000), engaging with sex works could increase risks of **mental distress** and **social exclusion**.

The employment discrimination forces many transgender migrants/refugees to live their lives at the at the margins of society; moreover, it puts them "simultaneously in a vulnerable and quite often **invisible position**" (Van der Pijl Y. et al., 2018: p. 6).

The general supervisor of 'Il Nido del Colibrì' reports about the differences between residing in villages or urban areas: "1) As it occurs in the countryside of Piacenza, the exclusion of transgender community is a matter of evidence and it does not depend on either the race or being involved in sex work; refugee and migrant people just live according to the model once they get to this place. 2) the people who are not out of the closet in their native countries do not have enough reasons to change their condition; they tend to reiterate the same actions".

In conclusion, given the complexity of conceiving the phenomenon, we **refer to the need to expand scientific research on the subject**, as to provide **adequate services** to the T, Q and + population of immigrants and asylum

seekers, **thus facilitating their improved access to health and community resources.**

Shame and Alienation as Mediators between Discrimination and Mental Health in a Group of Italian Transgender and Gender Nonconforming People

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Cristiano Scandurra [1], ***Vincenzo Bochicchio*** [2], ***Anna Lisa Amodeo*** [1], ***Concetta Esposito*** [1], ***Paolo Valerio*** [1], ***Nelson Mauro Maldonato*** [1], ***Dario Bacchini*** [1], ***Roberto Vitelli*** [1]

1. *University of Naples Federico II,* ***2.*** *University of Calabria*

Background

Transgender and gender nonconforming (TGNC) people are a highly stigmatized population facing systematic violence and oppression because of their gender nonconformity. Anti-TGNC discrimination leads to negative mental health outcomes, such as depression and anxiety. Nevertheless, how psychological processes through which anti-TGNC discrimination affects health and protective factors buffer this relation still remain under researched. As an extension of the Minority Stress Model, the Psychological Mediation Framework (PMF) might help understanding these processes, as it postulates that stress is an initial starting point that leads to negative mental health outcomes through psychological mediators. Within the PMF, the current study analyzed the role of the internalized transphobia (i.e. shame and alienation) as a mediator between anti-TGNC discrimination and mental health, considering resilience as the individual-level coping mechanism buffering this relationship.

Methods

One hundred forty-nine Italian TGNC individuals (75 trans women and 74 trans men), ranged in age from 18 to 63 (M = 33.18, SD = 10.96), participated in an online survey assessing socio-demographic information, experiences with discrimination, internalized transphobia (i.e., shame and alienation), resilience, and mental health measures (i.e., anxiety and depression). All the study's hypotheses were tested using Structural Equation Modeling (SEM) in Mplus 7.2.

Results and Conclusions

The results suggest that both indicators of internalized transphobia (i.e., shame and alienation) mediate the relationship between anti-TGNC discrimination and depression, while only alienation mediates the relationship between anti-TGNC discrimination and anxiety. Furthermore, the results suggest that the indirect relation between anti-TGNC discrimination and anxiety through alienation is conditional on low and moderate levels of resilience. Findings have important implications for clinical practice and psycho-social interventions to reduce stigma and stress caused by interpersonal and individual stigma.

Both peer relations and family functioning predict psychosocial functioning in transgender adolescents: results from a German clinical cohort study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Naina Levitan [1], Claus Barkmann [1], Hertha Richter-Appelt [1], Michael Schulte-Markwort [1], Inga Becker [1]

1. *University Medical Center Hamburg*

Background

Transgender adolescents who fulfill diagnostic criteria for Gender Dysphoria (GD) often face various associated social but also emotional and behavioral difficulties (measured via the CBCL/YSR; also referred to as psychosocial functioning). Both peer relations and family connectedness/relationships have been identified as one of the main factors that predict psychological difficulties in transgender adolescents. However, their impact on psychosocial functioning has not been compared, directly. In a marginalized group like youth diagnosed with GD, it seems crucial to identify factors that possibly impact the development of psychological functioning to further adapt therapeutic and societal approaches, and therefore, better accommodate their unique needs.

Methods

In the present cross-sectional study, psychosocial functioning measured via the Youth Self-Report (YSR), peer relations (measured via the YSR peer relations scale; PRS), and general family functioning (measured via the MFAD) data from N = 180 clinically referred adolescents (to the Hamburg Gender Identity Service between 2013 and 2017) were analyzed. All included participants completely fulfilled diagnostic criteria for a gender dysphoria diagnosis (DSM criteria A and B) and had not received any form of medical treatment yet.

Results and Conclusions

Transgender adolescents presented significantly more internalizing and higher YSR global problem scores than the German norm reference group before undergoing any kind of treatment at the Hamburg Gender Identity Service. Externalizing problems were above the norm for adolescents with a female sex assigned at birth, but within the standard range for adolescents with a male sex assigned at birth. Multiple regression analysis revealed that, next to poor peer relations, lower general family functioning (or: lower degrees of familial support) were highly significant predictors for lower psychological functioning outcomes.

Overall, adolescents with poorer peer relations, poorer general family functioning, advanced age, and a female sex assigned at birth showed more behavioral and emotional problems, or lower psychosocial functioning. Thus, the present study confirms the important role the social environment - both peers and family support - play with regard to the mental health outcomes in this group. Consequently, incorporating the family and social environment into Transgender Healthcare seems crucial in order to adequately tend to the needs of adolescents with GD.

Describing non-binary identities – a systematic review

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Nat Thorne [1], ***Walter Bouman*** [2], ***Andrew Yip*** [1], ***Jon Arcelus*** [3]

1. *The University of Nottingham,* ***2.*** *The Nottingham Centre for Transgender Health,* ***3.*** *University of Nottingham*

Background

Within the last two decades, a new concept in gender variance has emerged. Non-binary identities, and the multiple descriptors which lay under this catch-all term, are best described as identities which fall somewhere between or outside of the gender binary of male and female. The over-arching aim of this literature review is to summarise the ways in which non-binary identities have been described within scholarly research and how that definition has evolved through the last fifty years of gender research within the field of psychology.

Methods

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISRM) (Moher, Liberati and Tetzlaff, 2006) guidelines were followed to undertake this systematic review. Publications between 1st January 1960 and August 2018 were included in the search. The search engines used were: Web of Science, Science Direct and PubMed. A search following an identical inclusion criteria was also carried out within the archives of the International Journal of Transgenderism. Further papers were identified via the reference list of papers identified through the search of these key terms. In addition, further key terms were added as they were discovered via the search. Books were also included in this search as many key identifiers were found to have been mentioned in books before they were used in peer reviewed papers.

Results and Conclusions

Psychological Androgyny in the 1970s and 80s can be seen as a starting point towards the non-binary identities we see today. Other terms such as bigender and gender variant have been used between now and then and today, there seems to be no clearly defined umbrella term, with non-binary and genderqueer being the main descriptors for identities that lay outside of male and female.

Conclusions: So far, a consensus on terminology has not been found and the terms genderqueer and non-binary are used both interchangeably and in opposition to each other. However, there is a large range of descriptors underneath the disputed umbrella term which cover an equally wide range of gender identities.

The use of hormone blockers to suppress puberty in trans children and adolescents. A qualitative study of perceptions and experiences of trans adult women.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Guido Giovanardi [1], Paola Morales [1], Alexandro Fortunato [1], Marta Mirabella [1], Luca Chianura [2], Anna Maria Speranza [1], Vittorio Lingiardi [1]

1. *Department of Dynamic and Clinical Psychology, Sapienza University of Rome,* ***2.*** *SAIFIP, Ospedale San Camillo-Forlanini, Rome*

Background

In recent years, the use of gonadotropin-releasing hormone (GnRH) analogues in gender diverse adolescents to suppress puberty has been adopted by an increasing number of specialised gender clinics, generating controversial debate. Following an overview of the difficulties associated with this heterogeneous group of adolescents and a discussion of the arguments for and against the suspension of puberty, this contribution presents a qualitative research developed interviewing older gender diverse people about their experiences with hormone therapy (HT) and their opinion about the suppression of puberty. The main aim of the research is to explore thoughts and experiences of gender non-conforming adults regarding the psychological aspects of hormonal treatments, including the controversial issue of puberty suppression.

Methods

A semi-structured interview for gender diverse adults was constructed. The interview explored the personal history of trans individuals with regard their gender identity, their experiences with HT, and their opinions about the use of GnRH analogues to suppress puberty in gender diverse children and adolescents. Interviews' transcripts have been analysed with the method of Consensual Qualitative Research (CQR).

Results and Conclusions

Ten trans adult women were interviewed (mean age: 36.8). Several themes emerged, among those: experiences with their gender diversity, relationship with the specialised services, experiences with puberty and bodily changes, associated psychological problems, sexuality and affective relationships before and after treatments. Regarding suppression of puberty, we found a lack of consensus, reflecting a general debate upon this delicate topic. With this study we gave voice to an under-represented group in previous research regarding the use of GnRH analogues to suppress puberty in trans individuals, collecting first hand insights on a debated treatment, recommended by professional international guidelines.

Use of GnRH agonists for Gender Dysphoria is rising at exponentially higher rates compared to Precocious Puberty

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Priya Phulwani [1], ***Whei Ying Lim*** [1]

1. *Connecticut Children's Medical Center*

Background

Background: Gonadotropin releasing hormone agonists (GnRHa) are used in the hormone management of adolescents with a diagnosis of gender dysphoria to stop the production of endogenous estrogen or testosterone. This is often done before starting the intended hormonal transition and discontinued once the intended hormone has reached goal levels. At times GnRHa are used even after the intended cross hormone has been started to continue suppressing the endogenous hormone. For example to stop unwanted menses that are persistent (despite goal testosterone levels) or to lower persistently high levels or action of testosterone (despite goal estrogen levels and androgen blockers). Currently in USA, GnRHa use in treatment of gender dysphoria is still an "off-label" use that does not have FDA approval. Meanwhile GnRHa use to halt central precocious puberty is an FDA approved indication. Available formulations in the USA are leuprolide acetate injection or histrelin acetate implant

Methods

Aims:

1. To evaluate the overall use of GnRHa in a pediatric endocrinology clinic for adolescents with a diagnosis of gender dysphoria versus precocious puberty.
2. Compare the trends in use of leuprolide versus histrelin for each diagnosis.

Methods:

Retrospective analysis was conducted of deidentified medical records of adolescents started on GnRHa from January 2015 to September 2018, at the Connecticut Children's Medical Center general pediatric endocrinology clinic. There were 10 health providers- all prescribed GnRHa for precocious puberty, one provider prescribed GnRHa for Gender Dysphoria.

Results and Conclusions

Results and conclusions:

We saw a rise of GnRHa used for gender dysphoria relative to central precocious puberty over the past 3.75 years. In 2015, 36% of adolescents who were prescribed GnRHa had a diagnosis of gender dysphoria, as compared to about 52% in 2016 and 2017, and already 63% in only nine months of 2018.

Histrelin use has increased for Gender Dysphoria versus precocious puberty in 2018. In 2015, 2016 and 2017, between 41 to 44% of adolescents diagnosed with Gender Dysphoria were on Histrelin as compared to 80% in first 9 months of 2018. Since the numbers of these prescriptions for Gender Dysphoria is rising it is important for pharmaceutical companies in the USA to seek the FDA approval of GnRHa for this indication.

Health demands and adherence of transgender people attended in the Andalusian Gender Team (AGT), Spain, period 2000-2015.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Isabel Esteva de Antonio [1], ***Maricruz Almaraz*** [2], ***Juana Martínez-tudela*** [3], ***Trinidad Bergero*** [3], ***Javier Collado*** [4], ***Federico Soriguer*** [2], ***Francisco Giraldo*** [4], ***GIDSEEN Group*** [5]

1. *University Regional Hospital,Málaga,Andalusian Gender Team (Endocrinologist and coordinator),* ***2.*** *University Regional Hospital,Málaga,Andalusian Gender Team (Endocrinologist),* ***3.*** *University Regional Hospital,Málaga,Andalusian Gender Team (Psychologist),* ***4.*** *University Regional Hospital,Málaga,Andalusian Gender Team (Plastic Surgeon),* ***5.*** *Spanish Society Gender Identity and Sexual Differentiation Group*

Background

Introduction:Knowing the type of demand and the adherence in Gender Identity Units is important for designing the healthcare processes for sexual reassignment **(SRP)** and for allocate resources within the public health system in Spain.***Objective*:** To describe frequency of people visited in Andalusian Gender Team (AGT) between the years 2000-2015; characteristisc of demand (psychological support, hormonal treatment or surgical genitoplasties and/or gonadectomies (SGG). It´s quantified the adherence, regrets of gender dysphoria and no eligibles cases for treatment, adjusted by trans women and trans men.

Methods

Sample and Method: retrospective study of the records and data of the total demands in AGT between 2000-2015: 1600 people (andalusian residents, 1067). Subjects were classified as: inadherent, no eligibility and missing cases in follow up.

Results and Conclusions

***Results*:** 20% are no adherent (1,6 trans women/trans men). The follow up include 854 cases; ratio trans women/trans men 1,6. 15% minors from 5 to 17 years. In adults more than 90% demands the whole SRP; 51% underwent gonadectomy (217 trans women and 229 trans men), 20% trans women/7% trans men are missing postgonadectomies. Not eligibles 78 cases, ratio 2/1 (7,3% from the total sample.1% of adults experience regret, desisters in minors group are more than 60%. Demands per year increase specially in minors age.

Basal Serum Testosterone Concentrations in Young Transgender Men Predicts Months Needed of Testosterone Treatment to Achieve Amenorrhea

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Mitzi Zaira Fong Ponce [1], ***Esmeralda Román Mar*** [1], ***Arnulfo González Cantú*** [2], ***Maria Elena Romero*** [3], ***Erika González de la Mora*** [1], ***Luis Carlos Joya Fierro*** [1], ***Andrea González Rodríguez*** [1]

1. *Clinica Especializada Condesa,* ***2.*** *Eurarya PharmaCite,* ***3.*** *Muguerza Alta Especialidad*

Background

In the male transgender population Menstrual bleeding can be a source of mental distress, depressive symptoms and self-harming behaviors may peak during menstrual bleeding[1]. There are a few publications that studied testosterone effect inducing amenorrhea; these studies report amenorrhea within one to twelve months[2].
Objetive to Find predictor variables to achieve amenorrhea in transgender men in testosterone therapy.

Methods

At Specialized Clinic Condesa in Mexico city, They are 504 transgender men register of which 310 transgender are on active treatment. 73 transgender men were retrospective analyzed from the year 2009 to 2018, between the ages of 16 to 24 years to fit the Young people definition of the World health organization; with pelvic ultrasound before and after the treatment, with Basal hormone profiles and within treatment . They were initially treated with 250 mg of testosterone enanthate every 15 or 21 days. The dose was adjusted every 3 months according to serum testosterone concentration.
In descriptive statistics we used mean, median and standard deviations for continuous variables, and proportions for categorical variables. Linear regression models were used to predict the months and testosterone application to reach amenorrhea. This models were validated with 10 folds cross validation, and RMSE was reported. In order to detect a threshold with high specificity to reach amenorrhea, we use Receive Operator Curve analysis. the analysis was made with RV 3.4 Software

Results and Conclusions

the serum levels of testosterone can predict the applications of testosterone (p value 0.001), and months to reach amenorrhea (p value 0.05) with an inverse relationship (estimate -1.41, -1.08). At higher levels of basal serum testosterone, less applications or months of therapy were needed to have amenorrhea (Cross validation root mean square error). The area under the curve of testosterone in ROC analysis was of 0.63. Serum levels of testosterone higher than 0.8 have an specificity of 100% to detect patients with amenorrhea in the first month of therapy.
Prior studies have reported amenorrhea induced by testosterone therapy at various fixed dosages [3,4]. In this study testosterone dose is not correlated to time needed to induce of amenorrhea but the inicial dose is the mayority of cases the same. Basal testosterone concentrations are highly correlated with induction of amenorrhea; the higher the basal serum concentrations fewer months needed to achieve amenorrhea with cutoff 0.8 ng/ml of serum testosterone. This is the first study with this finding. Hyperandrogenemia in cisgender women was the cutoff value of testosterone concentrations > 0.5 ng/ml in early follicular phase or progestin induced bleeding. In the transgender males with hyperandrogenia before testosterone treatment, just one dose of testosterone is needed to induced amenorrhea. The endometrium of PCOS patients (polycystic Ovarian syndrome) that are characterized by endoge-

nous hyperandrogenemia exhibits increased AR expression levels. Androgens exert an anti-proliferative role in the endometrium[5]. This could explain why the endometrium in the patients with endogenous hyperandrogenism is more responsive to testosterone administration. Prospective studies are needed to explore the effect of long term testosterone treatment on endometrial milleu.

Every (binary) person likes to be someone's object of desire

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Annalisa Anzani [1], ***Antonio Prunas*** [1]

1. *University of Milano-Bicocca*

Background

*Objective*Object of desire self-consciousness (ODSC) is described as the perception of one's own sexual and romantic desirability, and emerged as more relevant in women compared to men (Bogaert & Brotto, 2014). The construct reflect how we believe others view us and not necessarily an accurate representation of another's view, but it is still relevant in terms of sexual functioning. The following study is aimed to investigate differences in ODSC themes in the sexual fantasies of individuals with different gender identities.

Methods

A total of 228 self-identified cisgender (147 women and 81 men) and 65 transgender (20 binary and 45 non-binary) participants completed a sexual fantasies questionnaire (SFQ; Bogaert, VIsser, Pozzebon, 2015) that include a sub-scale of ODSC themed fantasies. A measure of objectified body consciousness was also included (McKinley & Hyde, 1996).

Results and Conclusions

Gender differences in ODSC themes are at odds with previous studies. No significant difference in the endorsement of ODSC fantasies was found between cisgender men and women in our sample. Cisgender and nonbinary identified people showed differences and a significant higher endorsement of ODSC fantasies was found in the former. Objectified body consciousness showed a correlation with ODSC themes in sexual fantasies, without any gender identity differences. ODSC themes in sexual fantasies appeared not to be characteristic exclusively of women's sexual functioning. In our sample, no significant differences emerged in sexual fantasies between cisgender men and women and binary transgender people.

Transgender people accessing healthcare system in Northern Italy: prevalence, characteristics and needs.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Annalisa Anzani [1], ***Antonio Prunas*** [1]

1. *University of Milano-Bicocca*

Background

Although there are several gender clinics in Italy offering medical and psychological assistance for transgender and gender variants children, adolescents and adults, there are no collective data available on the prevalence of GD in Italy and only a few studies describing the characteristics and needs of clients attending the clinics in the country. The aim of this study is to provide a description of clients admitted to a gender clinic in Milan (Northern Italy) throughout a year (2017).

Methods

Data were collected on all clients at their first admission at the gender clinic of Milan (Niguarda Ca' Granda Hospital) between January 2017 to January 2018. Every patient was invited to complete a questionnaire to collect data about their gender identity development, previous consultations with gender specialists or mental health professionals, and a sociodemographic form.

Results and Conclusions

A total of 55 new clients were admitted at the clinic in the reported timeframe, 48 (22 assigned male at birth and 25 assigned female at birth) of them accepted to participate in the study and signed the informed consent. In terms of identity labels, the majority of the sample identified as trans woman (*N*=10 assigned male at birth) or trans man (*N*=15 assigned female at birth), the remaining clients as woman (*N*=5), man (*N*=7), and transgender (*N*= 8). No participants identified as gender-queer/non-binary. 36,4% of clients assigned male at birth had already taken hormonal treatment (not necessarily under medical supervision) and had undergone cosmetic surgery, compared to 12,5% of clients assigned female at birth who were under hormonal treatment. As for the specific reasons for consultation, 86,4% of clients assigned male at birth and 91,7% of clients assigned female at birth were looking for hormonal treatments, 27,3% of clients assigned male at birth and 66,7% of clients assigned female at birth were seeking for surgery; 50% of the total sample expressed the need for psychological support and psychotherapy.
Our results suggest a trend reversal in the prevalence of clients assigned female and male at birth accessing gender clinics and also that clients who identify as genderqueer and non-binary are still under-represented in clinical settings.

How many patients attending a large UK gender clinic are non-binary?

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Jess Gran [1]***, Andrew Davies*** [1]***, Vikinjeet Bhatia*** [1]

1. *Gender Identity Clinic. Charing Cross. London*

Background

Background: The London Gender Identity Clinic, is a large, national gender clinic. Like gender services across the UK and Europe, we have anecdotally been receiving more referrals for patients who have non-binary gender identities (an identity that is other than male or female). Non-binary people's visibility has been increasing in recent years, and the London Gender Identity Clinic has been developing the service and treatment pathways to meet the needs of non-binary patients. However we do not have precise figures on what proportion of our patient population identifies as non-binary, which is important in service planning and delivery.

Aims: To find out how many patients self-identified as non-binary at their first assessment in May 2017 - January 2019; the age of this population; and what proportion of new patients identified as non-binary compared with binary male and female.

Methods

This clinical audit consists of a survey of the clinical population using an existing data set, routinely collected for clinical purposes. Data from initial assessment reports over a 20 month period was pulled to look at what proportion of new patients identified as non-binary, binary male, and binary female. Age and sex assigned at birth were also examined.

Results and Conclusions

The results show that 7% of the new patients assessed in this time self-identified as non-binary. This compares with 51.7% of new patients who identified as feminine, and 40.8% who identified as masculine. A very small proportion (0.5%) were unsure of their gender identity at the time of their initial assessment.

Changes in muscle strength and muscle cross-sectional area following cross-sex hormone treatment

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Anna Wiik [1], ***Mats Holmberg*** [1], ***Tommy Lundberg*** [1], ***Mats Lilja*** [1], ***Daniel Andersson*** [1], ***Stefan Arver*** [1], ***Thomas Gustafsson*** [1]

1. *Karolinska Institutet*

Background

Many biological differences seen in men and women are driven by relative differences in estrogen and testosterone levels. In transgender individuals, gender-affirming treatment includes inhibition of endogenous sex hormones and subsequent replacement with the cross-sex hormones. Yet, the effect of this treatment on functional muscle strength and mass remains poorly described.

The aim of the current study was to assess the effects of an altered sex hormone pattern on muscle strength and cross-sectional area.

Methods

Twelve transgender individuals, 6 trans women and 6 trans men who had been accepted to start gender-affirming medical intervention, were recruited. Knee extensor and flexor muscle strength was assessed using isokinetic dynamometry at three different angular velocities (0, 60 and 90 °/s). The assessments were made at four time points: (T1) before treatment initiation, (T2) four weeks after initiated gonadal hormonal down regulation but before hormone replacement, (T3) three months after hormone replacement therapy and (T4) eleven months after hormone replacement therapy. The cross-sectional area and radiological density of the thigh muscles were assessed by CT scans performed bilaterally at the midpoint of femur of each subject at baseline and after 11 months of cross-sex hormone treatment.

Results and Conclusions

Muscle area increased 17% in trans men ($p<0.001$) with an 8% increase in radiology density after eleven month of cross-sex hormone treatment. No change was seen in trans women. There were significant ($P<0.05$) group x time interactions at each angular velocity. Thus, while the trans men increased their strength over the four time points, strength levels were generally maintained in the trans women. When averaging the three strength tests, knee extension (16%) and knee flexion (34%) strength increased from T1 to T4 in trans men. The corresponding changes in the trans women group were -6% and 0%, respectively.

CONCLUSIONS: These results show that ~1 year of cross-sex hormone treatment results in increased muscle strength in trans men. Cross-sectional area and radiological density is also increased after testosterone treatment. However, trans women maintain their strength levels as well as cross-sectional area and radiological density throughout the treatment period. We conclude that the altered sex hormone pattern induced by gender-affirming treatment differentially affect muscle strength in trans men vs. trans women.

Need for assistance and experiences with actual health care offers to the trans* population in Norway.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Esben Esther Benestad [1], ***Elsa Almås*** [1], ***Silje-Håvard Bolstad*** [1], ***Tor-Ivar Karlsen*** [1], ***Alain Giami*** [2]

1. *University of Agder,* ***2.*** *INSERM / Université Paris-Saclay*

Background

This presentation reveals some results from the Norwegian part of the project: "Trans Health and Citizenship: International comparisons". The project is developing in France (INSERM – CESP), Brazil (Instituto de Medicina Social, State University of Rio de Janeiro), Denmark (Aalborg University), Italy (Sinapsi, University Federico II of Napoli), Norway (Dept of Health Sciences, Agder University), and Portugal (ISCTE-IUL, University of Lisboa.
The presentation is meant as part of the symposium:Access to health care among trans population in Europe

Methods

The same instruments of research elaborated in the French protocol were adapted and translated into Italian, Norwegian, Danish and Portuguese.
The questionnaire was translated and culturally adapted to Norwegian, using a forward-backward translation procedure. The Norwegian research group assessed the first translation together with a group of trans* people from different organizations and did semantic adjustments to the items. The final version was tested on a reference group of trans* people before used in the survey. The survey consisted of 129 items, aimed to register data on socioeconomic status, gender transition, health, sexuality and discrimination. The anonymous survey was performed digitally through an open website from April 5ththrough August 1st2018 and obtained 538 respondents.

Results and Conclusions

This presentation focus on the respondents' experiences on different levels of the Norwegian Health Care System (*NHCS*). As is relevant for mental health, the results include a major group (64%) who have felt discriminated by professionals in the *NHCS*, and a corresponding group that hesitates to seek health care in fear of being discriminated. Many (58%) have sought organizations or websites for gender incongruent people in order to find medical information and knowledge of rights (51%). We see a great variety of medical interventions. A minor number (8%) had had alterations to their genitals, while (56%) received hormonal treatment. Out of those who have received genital adjustments 61% had this done in Norway, 39% went abroad. Nevertheless, the majority (75%) had had their assessment at Oslo University Hospital (OUH) which has a national monopoly to treat individuals they diagnose as F64.0. Individuals that fall outside their criteria have no formalized offer. Professionals outside OUH offer assistance, but to be paid by the patients themselves or by their caretakers. Difficulties concerning affordable access to health care institutions, including gender affirming processes, access to hormonal treatment, surgery, psychological counseling, etc. raise fundamental questions concerning the way the *NHCS*is organized. The presentation will demonstrate the respondents' satisfaction (16% satisfied) with the offer given at the OUH and discuss how the*NHCS*can assist this group better.

Health care services to gender incongruent individuals in Norway is dissatisfactory both concerning clients' satisfaction and their experiences of discrimination from health care personnel. The *NHCS's*goal is equal access on equal terms to health care for all including gender variant individuals. This is not met in the present situation. It

seems that many are forced to seek more costly care elsewhere.

Ability, not gender: A qualitative investigation of competitor's and spectator's attitudes and opinions of Limitless - an all-gender inclusive strength competition.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Han Newman [1], ***Gemma Witcomb*** [1]

1. *Loughborough University*

Background

The number of people identifying as transgender or non-binary is increasing worldwide. While these individuals continue to face stigma and discrimination, often perpetuated by misrepresentations in the media, there is a gradual acceptance that sex assigned at birth (based on physical sexual characteristics) may not match the gender with which a person identifies. While this acceptance is positive and has influenced developments such as proposed reforms to the Gender Recognition Act, it does raise a number of important issues that are more difficult to reconcile. One of these is participation in sport and the premise of fairness, on which the need for sex-segregation is often based and which serves to undermine trans and non-binary people's rights to participate. This study sought to explore competitor's and spectator's attitudes and opinions of an all-gender inclusive strength competition, *Limitless*, that took place in May 2018 in the UK. This event organised competitors by ability, not gender, and aimed to provide a sporting opportunity that was fully inclusive to all.

Methods

Ten semi-structured interviews were conducted after the Limitless event, with both competitors (n=6: 1 non-binary, 1 genderfluid, 3 cisfemales, 1 cismale; mean age = 38.8 years) and spectators (n=4 cisfemales; mean age = 34.3 years). The interview asked participants questions related to their participation/interest in the event, the perceived success of the event, their understanding or experiences of barriers to participation related to gender identity, and their opinions on how sport can be more inclusive of trans identities. Data was transcribed verbatim and analysed using thematic analysis.

Results and Conclusions

A number of themes were identified that highlight the complexity of such events and challenging the gender binary within sport. Whilst the theme of *support* was strong, with an overall positive response from both competitors and spectators who described it as a successful event with an inclusive, supportive atmosphere, a counter theme that emerged was of an awareness of *marginalisation*, since it was recognised that the limited number of individuals taking part highlighted the non-mainstream nature of the event. *Challenging the binary* was a positive theme that arose, with all participants supportive of less sex-segregated sport, but again this was accompanied by the themes of *blind acceptance*, *fear for women's achievements*, and *overwhelming challenge*, with many of the participants admitting having never even thought about the issue, identifying potential challenges with attempting to address sex-segregation in sport and lack of awareness of how challenges could be overcome.

Conclusion: Sport remains one of the biggest institutions that upholds the gender binary and as such is a major player in how gender and gender identity are viewed in society. While this all-gender inclusive event was very positive, it highlighted the many misconceptions and challenges that accompany discussions around gender identity and sport. Increasing attention needs to be paid to organising events that are inclusive of all gender identities in order to increase normalisation, promote inclusive participation for all, and as a vehicle for social change.

The experience of gender transition for partners of transgender individuals

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Ellen Marshall [1], ***Sally Robbins-cherry*** [2], ***Cris Glazebrook*** [3], ***Jon Arcelus*** [3]

1. *The University of Nottingham,* ***2.*** *Nottingham Centre for Transgender Health,* ***3.*** *University of Nottingham*

Background

Very little is known about the partners of transgender individuals and their experience during the partner's medical or social gender transition. It has been reported that around half of relationships do not survive through an individual's gender transition due to the unique stressors associated with this process (Meier, Sharp, Michonski, Babock & Fitzgerald, 2013). Despite these stressors, partners of transgender individuals feel they do not have adequate support.

The aim of the current study is to explore the experiences and support needs of partners of transgender individuals.

Methods

A qualitative methodology using semi-structured interviews focused on the partner experience, as well as the experience of perceived support received during their partner's transition. Eligible participants are individuals, over the age of 18, who have been partnered with a transgender individual at some point during their gender transition (medical or social). Participants are recruited through social media (e.g. Facebook, Twitter) and transgender support organisations, as well as through health services. Data is analysed using thematic analysis.

This study is still in progress, currently eight participants have been recruited. It is anticipated recruitment will continue, aiming towards 15-20 participants.

Results and Conclusions

Current data suggests that being in a relationship with a transgender individual during their gender transition is a complex experience and specific support for partners is required. Four emerging themes from the data include: (1) A Unique Experience, Secondary to their Partner, (2) A Learning Experience, (3) Experiencing Unpredictable Reactions from Others, (4) Personal support required.

As the study is still in progress, analysis is on-going therefore for the final findings additional themes may be added. The initial analysis suggests the three first themes define the type of personal support required and this will be further determined upon additional analysis.

The themes that have emerged so far indicate the complex experience for partners and show the importance of acknowledging partners in the gender transition process. Based on this, sharing experiences within a personal network, education, and couple therapy would benefit partners of transgender individuals.

A holistic approach on the mental health of trans adolescents in high-discrimination social environments: The case of Greece

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Elena Olga Christidi [1]***, Nancy Papathanasiou*** [1]

1. *Orlando LGBT+*

Background

There is a multitude of evidence showcasing the deleterious effects of dicrimination on trans adolescents' mental health (for a recent review, Valentine & Shipherd, 2018). Although Greece has passed the legal gender recognition legislation in autumn 2017 for adults, trans adolescents still face multiple obstacles and system-wide discrimination. There is no legal provision for trans adolescents younger than 15 years that want to change their documents. Adolescents 15-18 years old with parental consent have to be examined by a multidisciplinary team of experts that will approve their application in order to complete the legal procedure. Regarding mental health, trans adolescents in most cases face malpractice, abusive and transphobic attitudes when they contact mental health experts. In the school context there is no clear legislation or any guidelines on how to include and create a safe environment for trans students. As a result we have multiple reports for transphobic bullying and discrimination from students and teachers alike. In this social setting, parents of trans adolescents in the best case don't know how to support their child and in the worst become part of the problem, internalizing transphobic beliefs and attitudes.

Methods

In order to respond to the above, we propose a multi-faceted holistic approach, addressing social and school support networks, using all available resources that can also be reproduced in similar contexts. These resources cover:

-affirmative mental health support and empowerment for adolescents and parents, through consulting and psychotherapy. To this end, we coordinate and supervise the national LGBTQI+ helpline that also offers in vivo sessions and empowerment groups for trans adolescents in an LGBTQI+ youth organization (Colour Youth),

-psychosocial support (eg. information about medical, legal or other services), through networking with the LGBTQI+ community and specialized health experts in the NHS,

-connection and networking with the LGBTQI+ community, in order to facilitate peer socializing and the creation of safe spaces for youth and parents, to share their experiences, and

-training and interventions in schools for teachers and students, either as intervention and crisis management (eg. a case of transphobic bullying after a student's coming out) or as training on gender identity issues, mental health aspects, and human rights, appropriately structured to address the classroom or the parents or teachers associations.

Results and Conclusions

Greece is an example of a country trying to move forward, while facing tremendous conservatism and transphobia. We will offer good practices in cases of interventions and we will discuss positive outcomes and challenges that have emerged applying the above, in the light of a changing and difficult social environment.

Transgender persons in Malta: a healthcare system that cares unconditionally

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Claire Axiak [1]

1. *Ministry of Health*

Background

Malta is considered a trailblazer in the field of LGBTIQ rights throughout Europe and beyond. In early 2018 the Health Ministry developed an ambitious plan to develop a trans-inclusive healthcare system based on the standards of care issued by WPATH, the World Professional Association for Transgender Health.

Methods

A gender clinic has been established that offers such care through a multidisciplinary clinical team consisting of specialists in endocrinology, urology, gynaecology, plastic surgery, psychiatry and paediatrics (in the case of children and adolescents) together with a psychologist, social worker, speech language pathologist and nurse working in a dedicated gender clinic. Transgender persons who desire state-funded hormonal or surgical treatment or other medical care are referred to this multidisciplinary team. Any referred individuals are initially assessed by a specialist nurse whose role is to optimise the chance of a successful transition and to identify comorbid clinical conditions for further management by members of the multidisciplinary team. The initial assessment consists of a series of interview questions regarding sociodemographic data, gender identity, treatment throughout life, conditions related to gender identity, stigma and rejection, distress, disability, medical history, substance use, social life, economic factors, present concerns and sexual function. The specialist nurse then carries out a further assessment for comorbid clinical conditions for further management, if necessary, by the multidisciplinary team, such as transvestism, anxiety, depression, psychosis and body dysmorphophobia.

Assessment for eligibility and readiness for progression through gender transition is considered on an individual basis on the advice and decisions taken by the multidisciplinary team following the initial assessments by the specialist nurse. For hormonal treatment or chest/breast surgery eligibility is determined by the ability to give informed consent after the person is informed of anticipated effects and risks. For lower surgery eligibility is determined by the ability to give informed consent after the person is informed of the limitations and associated complications of required procedures, following a period of social transition and two independently signed referrals (one of whom by a psychiatrist). In all cases, the patient's readiness for the consolidation of gender identity and mental stability is monitored regularly.

Results and Conclusions

After gender confirmation surgery, the patient and sometimes their partner or family may have ongoing or new concerns, whether emotional, interpersonal, intrapersonal, sexual or social. Since postoperative care including psychotherapy may be linked with a favourable outcome, a care plan for periodic follow-up by the multidisciplinary team is established for each patient to ensure overall care and support following hormone therapy or surgery.

The establishment of the Gender Clinic in Malta does not in anyway mean that transgender persons are considered to be sick and in need of treatment but on the contrary recognizes that since such persons typically face great challenges due to social stigmas and barriers, the State should as a bare minimum go out of its way to ensure that they access the best treatment with the least inconvenience.

Identities Mediated: The Role of the Internet for Transgender Youth

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Riana Patel [1], ***Miriam Hillyard*** [2]

1. *MSc Psychology Student, Birkbeck, University of London,* ***2.*** *Clinical Research Fellow in Addictions, Institute of Psychiatry, Psychology and Neuroscience, King's College London*

Background

Use of the internet by young people has become ubiquitous in the developing world and its role in identity formation is a critical yet nascent area of research. For the transgender youth population, use of the internet and digital tools has the potential to combat mental health issues which may be experienced by this population, such as suicidality, substance abuse, and dysphoria. In particular, social media use can provide an avenue for expression that, in its virtuality, can go beyond the bodily limits of identity expression and manifest social connections at a scale that surpasses the immediate community. Resources relating to gender identity and information relating to peer experience of being transgender are easily accessed digitally.

Methods

We conducted a thematic literature review on transgender youth, internet use, and mental health in order to understand this changing research landscape and current areas of focus. Search terms included combinations of "trans*", "youth", "child", "adolescent", "internet", "cyberbullying", "victimisation" and "social media" to aggregate themes.

Results and Conclusions

The relationship between sociality and identity emerged from two perspectives: social media use as a means of self-expression and the potential for cyberbullying as a contributor to psychological distress. We first consolidate what is known about online victimisation and and child and adolescent mental health by translating concepts such as trauma and violence into the digital sphere. Expressing oneself online presents opportunities for cyberbullying by other internet users, such as trolling, a form of digital violence endemic to digital contexts involving intentional elicitation of a negative reaction by anonymous or known viewers. Digital 'self-harm' has been observed, where anonymous comments that involve aggressive messages (in one case, encouraging the recipient to kill themselves) are actually sent by the original recipient. Finally, psychological distress can occur simply by browsing sites and content that dispute, mock, or otherwise undermine trans identities. Thus, it is important to analyse the context of the online space to understand the particular effects in terms of this violence or trauma. Following this, we make use of adjacent literature from sociological and media research to understand the contemporary experience of self-expression as a site for further and future clinical research, using theoretical insights from the social sciences that seek to dismantle the idea that online contexts are wholly separate and occur in a vacuum from offline counterparts. Increasingly, we must understand that these contexts are interwoven to better understand how transgender youth might experience mental health issues in their everyday lives. Such future areas of transgender youth research identified include those that are less developed, including the notion of resilience which has been a topic of considerable interest in other psychiatric and psychological literature. The potentials and pitfalls of the internet, especially social media, are key to understanding the contemporary transgender youth experience for those who access it, as it has become part of the fabric of everyday life.

Integrated fertility counseling of trans women prior to semen cryopreservation within the genderteam

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Ilona Voorn - de Warem [1], ***Iris de Nie*** [2], ***Norah Van Mello*** [3]

1. *Amsterdam UMC, location VU University Medical Center,* ***2.*** *VU,* ***3.*** *VU Medical Center*

Background

Gender-affirming hormonal treatment (HT) and sex assigning surgery for gender dysphoria in trans women has a negative impact on fertility. Cryopreservation of sperm cells seems an obvious way to preserve fertility options for the future. However it is known that the uptake of fertility preservation is low among trans women, especially the young ones. A number of reasons can be of importance: progress of transition, inability to masturbate, lack of knowledge about the effect of HT on fertility options. It is known that the quality of semen may be poor, possibly due to specific life style factors such as tight underwear and tucking. Depending on the semen quality future assisted reproductive treatment (ART) options may become possible, i.e. minimal invasive insemination or IVF/ICSI.
Counselling on possible effects of life style factors may optimize semen quality and therefor increase the chance of biological parenthood in the future.
Our goal was to create awareness among trans women and caregivers for fertility preservation for trans women before starting HT and/or surgery.

Methods

From 2017 onward we started with a dedicated out-patient setting within The Center of Expertise on Genderdysforia (CEG), VUmc, The Netherlands. Trans women were referred by their psychologist to our gynecologist and after intake counselled by a dedicated nurse who was well educated about gender dysphoria and fertility preservation.
There was a 30-minute consultation to inform the transwoman about their fertility options. The information given varied from very practical: “what to expect in a fertility clinic” to lifestyle-advise (the effect of tucking, taping, masturbation-frequency and intoxications on the quality of the semen). A trans woman specific information leaflet on semen preservation was created.
During weekly hosted multidisciplinary meetings for the genderteam, we created awareness for the optimal timing of fertility counseling and preservation.
We contacted fertility clinics in the country to educate them about the sensitivity and importance of the subject for our trans women.
During the process of semen preservation the nurse was the contact person for the trans omen, colleagues of the CEG but also for the collaborating fertility clinics.

The transwoman records and results were updated with feedback on the results of the quality and quantity of the semen. If the transwoman was satisfied by the results, the nurse would coordinate the continuation of the transition by referral to the endocrinologist or surgeon.

Results and Conclusions

In the period between January 2017 and July 2018, 208 trans women were counseled in the VUmc about options for fertility preservation. Eventually 156 of these 208 trans women proceeded with sperm banking.
This dedicated strategy has led to optimizing the informed consent of trans women before cryopreservation of

semen. Trans women were referred during the diagnostic process and had more time to optimize the semen quality. There was coordination of the fertility preservation process, feedback on the future ART options and guidance of the transition progress for trans women.

Integrated fertility preservation counseling of trans women by a dedicated nurse within the gender care optimizes chances in fertility outcome and reduces the delay in transition.

Clinical psychological assessment of gender variant people in gender affirmation process: case report

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Mojca Sostaric Zvonar [1]

1. *University Psychiatric Hospital Ljubljana*

Background

World Professional Association of Transgender Health (WPATH) released the last Standards of Care (SoC) in 2012. Clinical guidelines suggest that all people with transgender and gender nonconforming identities should have the option to be treated in a safe environment and to be given thorough, in-depth assessment, which includes different therapies, if needed – for example: primary care, gynaecological and urological care, reproductive care, voice therapy and mental health care (assessment, counselling, therapy). Psychological evaluation, which includes psychodiagnostic services of clinical psychologists, is needed especially in children and adolescents diagnosed with gender diversity/dysphoria. Apart from gender dysphoria evaluation, the assessment should also include emotional, intellectual and social evaluation. Clinical psychological report could be a part of the referral letter, which must also pinpoint coexisting mental health concerns, diagnosis, past and current treatment, if this is relevant for the client.

Methods

Two cases are represented: both clients gave the informed consent prior to enrolment.

Clinical psychological examination was performed in two different sessions. The third session was optional and was aimed at giving feedback to the client. Interviews and battery of clinical psychological instruments (tests, projective techniques, questionnaires and inventories) were used. Clinical psychological report was prepared and further interventions were suggested.

Results and Conclusions

CASE 1: An 18 years old client; birth assigned sex is female, has a strong wish for transition (hormones, breast surgery). Self-injury, suicidal ideations and unstable emotionality are in past anamnesis, but currently no such tendencies are evident. The client had weak social network and no familiar support. Clinical psychological examination revealed gender dysphoria and cognitive-emotional specifics, suggesting borderline personality functioning. Clinical psychological report was prepared. Individualized interventions plan was outlined and client‘►s family members invited for family consultation. Client was advised to start individual trans-affirmative psychotherapy during the gender affirmation process and was considered relatively stable after 8 months to begin with hormonal therapy which he had been taken since then. He gradually decided to attend trans-affirmative group psychotherapy for TGNC clients. In 3 years time from the first admission into gender affirmative process he has changed legal gender from female to male and has recently undergone SRS. He has stable relationship with female partner and has improved relationship with his family.

CASE 2: A 30 years old client; birth assigned sex is male, has 2-years lasting wish to change gender (hormones, genital surgery). In age of 17, the client has been hospitalized, diagnosed with schizophrenia and has been treated with antipsychotic (clozapine) since then. Psychological clinical assessment was showing limited reality testing capacities, paranoid tendencies, cognitive deficits and other specifics, suggesting schizophrenic disorder. The clinical psychological report pinpointed the need for psychiatric monitoring. Evaluation and supportive interventions were

also suggested before starting with hormones. After 2 years the client started with hormonal therapy and was planning SRS. Recently s(he) came with a re-transition wish, explaining that in real life (s)he can not feel comfortable as a woman and is regretting the decision for changing the legal gender. S(he) stopped taking hormones and started dressing as a man.

The Individual Treatment Progress Score – Introducing a new measure to acknowledge individual treatment biographies in trans individuals seeking for gender-affirmative medical interventions

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Andreas Koehler [1], ***Timo Nieder*** [1]

1. *University Medical Center Hamburg-Eppendorf*

Background

To date, the majority of research with trans individuals seeking for gender-affirmative medical interventions (GAMI) assumes a pre-defined clinical pathway, starting with assessment and mental health care, followed by hormone therapy (HT) and finalized by genital reconstructive surgery (GRS). Therefore, previous research on psychosocial and clinical outcomes primarily focused on the comparison of means between different treatment stages, e.g. HT vs. GRS (Murad et al., 2010; White Hughto & Reisner, 2016). However, both empirical and clinical evidence suggests, that individual intentions to undergo GAMI are more diverse than previously assumed (e.g. Beek, et.al., 2015; Koehler et al., 2018). Some trans individuals require few interventions only and therefore would be inconsistent with the predefined treatment path ending with GRS. The reasons for individual treatment requests appear to be manifold. Besides diverse (e. g., non-binary) gender identifications, poor aesthetic outcomes and a high risk of medical complications, especially in GRS, were identified as important factors (Beek et al., 2015). Moreover, for some trans individuals, few GAMI might be sufficient to reduce gender incongruence/gender dysphoria significantly and ensure an increase in mental health and quality of life. This might be especially true for non-binary individuals.

Methods

Therefore, we introduce the Individual Treatment Progress Score (ITPS; Koehler et al., 2018) as an alternative approach to measure treatment progress in healthcare research with trans individuals. Contrary to previous approaches, it acknowledges individual treatment biographies not fitting a pre-defined treatment pathway that was assumed in research so far.

Results and Conclusions

The ITPS is calculated by adding together the numbers of received and planned GAMI per participant. This sum constituted a score of 100% on the ITPS. Afterwards, the number of received treatments is converted into percentages for each participant. Therefore, individual participants or participant groups could be compared regarding their treatment, while still addressing the variations in the number of interventions both relevant to individual participants and available for each sex. To make the ITPS more comprehensive, additional information (e. g. treatment satisfaction, aesthetical outcome) could be entered in the calculation.

The ITPS has already been used in recent studies and achieved good results (Eyssel et al., 2017; Koehler et al., 2018; Koehler et al., in press; Mayer et al., in prep.). It has been shown, that the ITPS explained a significant amount of variance and served as a promising approach to measure the treatment progress in research with trans individuals. Since the ITPS does not assume a pre-defined end of GAMI, it opens up the possibility to examine individual requests with regard to transition-related care in a comparable way. As it does not need preconceptions of a hypothetical treatment progress, the ITPS provides additional information on the diversity of the sample and therefore might be more inclusive.

Androgen Blockers: The Bane of Spironolactone in Trans women.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Pei Shan Yeo [1]

1. *Tan Tock Seng Hospital*

Background

Transgender women are treated with a combination of estrogen and androgen blockers. Androgen blockers are used to reduce the action of circulating levels of testosterone. Spironolactone, a mineralo-corticoid antagonist, is typically chosen as a first-line agent as it is cheap and readily available in our country. It works by directly blocking the action of androgens at their receptors. The typical daily recommended dose is 100 to 300mg/day of Spironolactone to achieve significant effects. However, Spironolactone primarily serves as an anti-hypertensive agent by acting as a diuretic. It can hence result in hypovolemia and hypotension. We describe 2 trans women who experienced significant frank hypotension resulting in hospital admission for volume resuscitation.

Methods

This is a retrospective analysis of 2 patients who suffered from frank hypotension due to Spironolactone.

Patient A

Patient A was a 21 year old trans woman. She had a history of chronic glomerulonephritis manifesting with proteinuria but was not known to be hypertensive. She was lean with a height of 1.59m and weighed 49kg, a body mass index (BMI) of 19.0 kg/m^2. The patient was treated with Estrofem 4mg daily and Spironolactone 200mg daily. Her baseline blood pressure (BP) was 110 to 120mmHg systolic. After starting Spironolactone therapy, she reported intermittent giddy spells. She subsequently experienced a near-syncope episode with frank hypotension of BP 70/40mmHg. The patient was admitted for aggressive hydration. Spironolactone dose had to be reduced and eventually stopped. An alternative androgen blocker, Cypoterone, had to be administered. The patient initially expressed apprehension to change as Cypoterone is more expensive. She is currently managed on Estrofem 4mg daily and Cypoterone 12.5mg daily. There has since been no recurrence of hypotension.

Patient B

Patient B was a 21 year old trans woman. She had a history of depression and Marfan's syndrome. She had stable mild aortic root dilatation managed on Losartan 25mg daily. She was underweight, with a height of 1.78m and weighed 50.5kg, a BMI of 15.9 kg/m^2. She was initially managed with Estrofem 4mg daily and Spironolactone 50mg daily. The patient developed an episode of syncope while exercising. On arrival of the paramedics, frank hypotension with BP of 79/60mmHg, was noted. She suffered from acute kidney injury (AKI) from dehydration and was admitted for intravenous hydration. We faced challenges in her management as she did not achieve satisfactory androgen blocking effects and yet suffered from hypotension with AKI on this dose of Spironolactone. The patient also expressed discouragement from the lack of feminising effects with her hormonal therapy. The patient had since been switched to Cypoterone 12.5mg OM and kept on Estrofem 4mg daily.

Results and Conclusions

It is important to consider the blood-pressure lowering effect of Spironolactone when trying to achieve anti-androgenic effects in transwomen. It can even result in hospitalisation. In such patients, an alternative agent,

such as Cyproterone, needs to be considered.

Sexual information processing and vaginal pressure sensation in post-surgical trans women

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Mathilde Kennis [1], ***Marieke Dewitte*** [1], ***Felix Dücker*** [1], ***Guy T'Sjoen*** [2], ***Alexander Sack*** [1]

1. *Maastricht University,* ***2.*** *Uz Gent*

Background

Several studies have indicated that in general, trans women are sexually active after GCS, but there is no research on how they experience vaginal pressure (as experienced during penetration) compared to ciswomen. It is relevant to study whether women experience vaginal sensations after GCS as pleasant or rather unpleasant, particularly because sexual wellbeing is strongly related to general happiness. This is essential information for trans women who are considering GCS, but also for sex therapists who work with this population. The study of vaginal sensation may offer valuable information for the evaluation of current surgery protocols and techniques. Additionally, most research on sexuality takes a medical approach and focuses on sexual function and frequency without taking into account the underlying mechanisms that determine sexual arousal responding. Drawing on the sexual information processing model, several processes can be distinguished, namely attention, appraisal and approach-avoidance motivation regarding sexual stimuli. Using a series of implicit tasks, gender differences in these three processes have been established in a cisgender population. In order to better understand sexual wellbeing and functioning after GCS, it is relevant to investigate how these mechanisms operate in trans women and to clarify their relation to sexual wellbeing and functioning after GCS.

Methods

To investigate sensation and evaluation of vaginal pressure in a sample of 15 post-surgical transwomen (at least 6 months after GCS) and 15 age-matched ciswomen, a recently developed instrument, the Vaginal Pressure Inducer (VPI), will be used. This device can be inserted into the (neo)vagina, and it resembles a small inflatable balloon that can be gradually filled with warm water to increase vaginal pressure. We examine the effect of sexual versus neutral stimulation (watching video clips) on the appraisal of vaginal pressure and on the vaginal pressure threshold. The same sample will perform three tasks on sexual information processing. We will investigate attention using a Posner-task, appraisal of sexual stimuli using an adaption of the Implicit Association Test (IAT), and approach-avoidance motivation using a Stimulus Response Compatability (SRC) task.

Results and Conclusions

Data collection is ongoing. The results will address a huge gap in the literature on sexual functioning after GCS. The conclusions will go beyond simply examining (the link between) sexual outcome variables. Instead, we focus on the processes that determine these sexual outcome variables and can explain their interrelations. By decomposing the process of sexual information processing in trans women, we could potentially identify clinically relevant processes that show maladaptive or dysfunctional features among this population.

Hypothalamic volumes in cisgender and transgender youth

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Dominique Troost [1], ***Nikos Makris*** [2], ***Baudewijntje Kreukels*** [3], ***Dick Veltman*** [4], ***Julie Bakker*** [5], ***Elseline Hoekzema*** [1], ***Sarah Burke*** [1]

1. *Leiden University,* ***2.*** *MGH, Harvard Medical School,* ***3.*** *VU Medical Center,* ***4.*** *Amsterdam UMC, location VU University Medical Center,* ***5.*** *University of Liege*

Background

Transgender individuals may be diagnosed with gender dysphoria (GD)[1], a marked and persistent incongruence between one's birth-assigned sex and experienced gender. Our understanding of the neurobiological basis of GD is limited. Histological studies found that the hypothalamus, a brain structure that links the endocrine and nervous systems, is sexually dimorphic in cisgender (cis) individuals[2, 3, 4]. Moreover, the central nucleus of the bed nucleus of the stria terminalis (BnST) was found to be of cis-female size and neuron number in a group of transgender (trans) women[2]. Consequently, Swaab proposed that sexual differentiation of the genitals and the brain occurs separately in utero, such that one could be born with female brain structures in a male body, and vice versa[5]. Although morphological neuroimaging studies have provided some *in vivo* evidence in favour of the brain sexual differentiation hypothesis[6,7], the histological studies cannot be replicated with the current technology using magnetic resonance imaging (MRI). Automated segmentation of the hypothalamus from MRI data is technically problematic, because of the absence of clear white matter demarcations defining the borders of the hypothalamus. Therefore, the present study used a novel, semi-automated segmentation method[4] to investigate sex differences in hypothalamic volumes in a large group of cis and trans youth during various hormonal/pubertal stages. Thereby, we aim to chart the effects of sex, GD diagnosis, puberty (suppression), and cross-sex hormone treatment on differences in hypothalamus volumes.

Methods

By the end of the year, we will have segmented the hypothalamus on MR T1-weighted images of a total of 139 cisgender participants (75 cis women; 7 – 23 years old), of which 37 were scanned twice (1 year between scans) and 167 transgender participants [92 trans men (male gender identity, female sex assigned at birth); 7 – 22 years old], of which 75 were treatment-naïve, 59 received puberty-suppressant medication, and 33 received cross-sex hormone treatment. Fourty-eight transgender participants were scanned at least twice during different treatment stages. A total of 401 MRI scans will be analysed. Based on anatomical landmarks, the hypothalamus was divided into seven sub-segments: anterior-inferior, anterior-superior, tuberal-inferior, tuberal-superior, posterior, the region of the BnST, and the medial preoptic region.

Results and Conclusions

Preliminary analyses of 20 cis men and 21 cis women adolescents revealed significant sex differences in total hypothalamus volumes and in volumes of the posterior and tuberal sub-regions. Cis men had significantly larger hypothalamus volumes than cis women. At the conference, we will present how hypothalamic volumes of the transgender groups compare to sex- and age-matched cisgender control groups, highlighting potential effects of the hormonal interventions.

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The effects of cross sex hormone therapy on sleep in transgender adolescents

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Laura Jacxsens [1]***, Gianni Faelens*** [1]***, Karlien Dhondt*** [1]

1. *Ghent University*

Background

Cross sex hormone therapy is started at the age of sixteen in the transition process of adolescents diagnosed with gender dysphoria in our pediatric gender clinic. The final aim of the cross sex hormones is to induce body characteristics of the desired sex. In the field of sleep medicine, researchers are already convinced about the impact of hormones on sleep quality and the circadian sleep/wake rhythm. From a clinical approach, some adolescents indeed experience more difficulties to sleep once they started cross sex hormone therapy. The aim of this pilot study is to identify the potential side effects of cross sex hormones on sleep homeostasis and the circadian sleep/wake rhythm.

Methods

Adolescents who are diagnosed with genderdysphoria and were planned to start cross sex hormone therapy were invited to participate in the study. Sleep questionnaires were used to assess sleep quality and quantity: the Pediatric Daytime Sleepiness scale, the Pittsburgh Sleep Quality Index and the Morningness-Eveningness Questionnaire/Self-Assessment. All adolescents who were included in the study received a regularly contact (every 2-3 months) and coaching sessions as a part of their transition process. The questionnaires were completed before cross sex hormonal treatment and four months after. Sleep quality in adolescents diagnosed with gender dysphoria was compared with adolescents in a general population as well as the impact of cross sex hormonal treatment after 4 months in our study group.

Results and Conclusions

This is the first study that is looking at the impact of hormonal treatment on sleep in adolescents diagnosed with gender dysphoria. Since this is a new pilot study, participants are still being included at this moment to enlarge the study power. We will be able to present the complete results at the conference.

Frequency of Testosterone-Induced Erythrocytosis and Associated Predictive Factors on Transgender Males

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Jesús Pérez-Luis [1]***, Beatriz Gómez- Álvarez*** [2]***, Patricia Guirado- Peláez*** [2]***, Esther Gómez- Gil*** [3]***, GIDSEEN Group*** [4]

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Background

Testosterone therapy (TTh) may produce various side effects, particularly erythrocytosis, with short-acting testosterone (T) injections presenting the greatest risk compared to other presentations. Other factors that may contribute to the development of erythrocytosis are smoking habit and obesity. The effect of TTh on erythrocytic mass is possibly mediated by supraphysiologic T levels. Erythrocytosis can be deleterious because increases blood viscosity which may lead to thromboembolic complications.

Aim: to study the frequency of erythrocytosis induced by TTh and its predictive factors on transgender males in the Gender Unit of our hospital.

Methods

A retrospective study on transgender males on TTh for at least 3 months was conducted. Age, age of treatment initiation, months on treatment, weight, height, BMI, waist and hip perimeters, waist-hip ratio, percentage of body fat (according to standards for males), hematocrit, total T, estradiol, SHBG, FSH, LH, PRL levels at the last visit as well as the highest hematocrit (MaxHt) value during follow-up were recorded. In addition, T formulation (short-acting IM injections: T cypionate; extended-release IM injections: T undecanoate; and transdermal gels), smoking status, and previous hysterectomy and mastectomy procedures were also documented. A hematocrit value ≥ 50 % was consider erythrocytosis and ≥ 53 % was an indication for phlebotomy.

Results and Conclusions

140 trans men were included: (M±EEM, min-max) age (29.29±0.82, 15-62 years); age of treatment initiation (24.06±0.70, 14-54 years); months on treatment (63.07±4.11, 4-276); weight (70.27±1.28, 40-117 kg); height (162.10±0.48, 146-179 cm); BMI (26.72±0.49, 14.9-49 kg/m2); waist perimeter (85.45±1.12, 59-121.5 cm); hip perimeter (98.53±0.87, 74.5-136 cm); waist-hip ratio (0.87±0.01, 0.72-1.13); body fat % (29.40±0.71, 9-49); hematocrit (46.93±0.34, 37.0-59.3 %); MaxHt (48.44±0.32, 26.7-55.1 %); total T (5.13±0.35, 0.2-22.7 ng/ml); SHBG (23.89±1.44, 5.3-139.6 nmol/l); estradiol (38.34±1.50, 20-107 pmol/ml); FSH (19.33±2.96, 0.1-214 mUI/ml); LH (9.84±1.41, 0.1-73.7 mUI/ml) and PRL (12.30±0.83, 2.83-83.2 ng/ml) levels.

The number of smokers, those undergone hysterectomy and mastectomy were 51, 76 and 80 respectively. According to T formulation there were: 9 on transdermal T gels, 100 on short acting IM T injections and 31 on extended-release IM T injections. Hematocrit and MaxHt were ≥ 50 % in 31 and 46 persons (33 %), and ≥ 53 % in 5 and 14 (10%) persons respectively.

Hematocrit (47.73± 0.45 vs 45.96±0.50 %, P=0.01) and MaxHt levels (49.69 ± 0.35 vs 46. 96 ± 0.52 %, P=0.0001) were higher in hysterectomised persons, while in smokers only MaxHt was higher (49.03 ± 0.42 vs 48.10 ± 0.45 %, P= 0.006). On the other hand, nor hematocrit nor MaxHt were related to T formulation, mastectomy or BMI. Both hematocrit and MaxHt correlated positively with themselves, age of treatment onset, waist perimeter and waist-hip

ratio. Moreover, there was no difference in the total testosterone levels measured between the three T preparations.

In conclusion, in our series, the percentage of transgender males with erythrocytosis was high (33 %), and 10% of them required phlebotomy at some point. Hematocrit values were independent of the BMI and the type of T preparation possibly due to the small number of individuals in two of the three treatment groups.

Trans* Adolescents need Time to become Women and Men. The Task of Psychotherapy with Trans* Adolescents becoming Young Adults

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Wilhelm F. Preuss [1]***, Julia Schweitzer*** [2]

1. *Private Practitioner after having been active as a transgender specialist at the Institute of Sex Research, University Clinic Hamburg-Eppendorf from 1992 - 2017,* ***2.*** *Clinic for Child an Youth Psychiatry, Psychotherapy and Psychosomatic Medicine, University Clinic, Hamburg-Eppendorf, Germany*

Background

Development takes time. Three case vignettes show that trans*-adolescents need individual periods for their transition, often reaching into early adulthood: 1. the case of a young trans* woman without psychopathology. Her individual psychosexual development would have been blocked if she had not undergone cross hormonal treatment at the age of fifteen and sex reassignment at nineteen. 2. the case of a fifteen-year-old assignned female by birth who demanded testosterone. Her child and youth psychotherapist rightly considered hormone treatment to be premature. Only when the patient was nineteen years old did he turn out to be a trans*man and the hormonal treatment could be started. 3. the case of a young trans* girl who had to be hospitalized due to the comorbidity of severe depression when she was sixteen. Close cooperation between her child and youth psychoanalyst and myself (in the position of a transgender specialist) was necessary. After the depression subsided, the patient underwent sex reassignement surgery when she was nineteen with a good outcome.

Methods

Presentation of three case vignettes.

Results and Conclusions

Since trans* developments in adolescence can reach into young adulthood, the referral to an adult transgender specialist should be planned in good time and addressed early in psychotherapy. On the basis of the three case vignettes, four principles of development-oriented psychotherapy are proposed which are important for working with trans* adolescents.

Spanish research productivity by the multidisciplinary units in the field of gender dysphoria

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Esther Gomez-Gil [1]***, Marti Flo Csefkó*** [2]***, Isabel Esteva de Antonio*** [3]***, María Fernández Rodríguez*** [4]***, GIDSEEN Work Group*** [5]

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Background

Spanish biomedical research on gender dysphoria or transsexualism has been possible after the inclusion of their healthcare in the National Health Service, and has increased with the development of the gender units. We aimed to analyze the scientific contributions (publications and books) from Spanish gender units (Andalucía, Aragón, Asturias, Cataluña, Canarias, Castilla y León, Comunidad Valenciana, Madrid, Navarra and País Vasco) providing the gender dysphoria-related literature.

Methods

PubMed, IME (Indice Médico Español), and Google Schoolar databases were used to retrieve publications with the following key words with title: “transsexualism” OR “gender dysphoria” OR “sex reassignment” , in order to identify all original research studies, letters to the editor, editorials, books and case reports, published between 1999 and 2018, from all Spanish professionals working on multidisciplinary gender units. Book chapters, congress presentations and thesis were excluded. The year of publication, authors, language, main topic of interest, and number of citations were extracted. The number of citations was extracted from the Scopus database. The quantity and quality of research were assessed by the number of total publications and citation analysis.

Results and Conclusions

The total research output was 132 original articles and 4 books. There was a progressively increase in the number of publications, with three peaks in 2006, 2015 y 2017. One third was published in English. The units with leading positions were Catalonia, Andalusia and Madrid Gender Units. Half were cohort studies. The highest productivity order was in the fields of psychology and mental health, endocrinology, surgery and etiology/biological bases. The highest average citations were reported in the fields of neuroimaging and genetic. The annual impact factor rose progressively with the years. In conclusion, Spanish research in the field of gender dysphoria has rose progressively, and in the last years has reached an international influence, and a contribution to the advances in the medical knowledge on this topic.

My menstruation is not female

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Natasa Jokic-Begic [1]***, Anita Lauri Korajlija*** [1]***, Marina Grubic*** [2]

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Background

In general, society continues to view menstruation strictly as an experience of cisgender women. Consistent with this perspective, previous studies examining attitudes toward menstruation have primarily been conducted with cisgender individuals. On the whole, this research demonstrates generally negative attitudes in which men's attitudes are typically more negative than those of women. Little is known about the attitudes and experiences of transgender individuals toward and with menstruation. However, although there has been little or no work on this topic by social scientists or healthcare providers, there is a wealth of information in the form of blogs or videos posted by transgender authors describing their personal experiences with menstruation.

Methods

The aim of this study was to gather information about the attitudes toward and experiences with menstruation among transgender men. Using a mixed methodology, qualitative data was collected from transgender persons and online resources. Firstly, online sources of information about the experiences of trans men with menstruation were analyzed. Data about personal experiences with menstruation, levels of distress experienced as a result of menstruation and attitudes towards menstrual suppression were also collected with a group of transmen from Croatia.

Results and Conclusions

While participants reported mixed attitudes toward menstruation, they expressed generally positive attitudes toward menstrual suppression. The experience of trans men highlighted five main sources of distress: the first period is usually a very distressful event; menstruation is a "taboo" subject that could not be openly discussed with anybody; feelings of "menstruation shame"; hygiene during menstruation; and using public toilets. Positive attitudes stemmed from feelings of "slowing down" and calmness during menstruation. These perspectives were similarly reflected in the personal experiences described by the authors of online blogs and videos. The implications of these findings towards future research will be discussed.

Review of the reasons cited by GPs who refuse to prescribe medications recommended by the London Gender Identity clinic

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Rebecca MacGregor Legge [1], ***Leighton Seal*** [2]

1. *St George's university,* ***2.*** *Tavistock and Portman NHS Foundation Trust*

Background

Introduction: Transgender medicine is a rapidly expanding field and GPs have historically played a vital role in prescribing hormones therapies for those with gender incongruence. Despite this, some GPs are refusing to prescribe medication recommended by the Gender Identity Clinic (GIC) in London. This problem is persisting despite the GMC guidance that prescribing is the GPs responsibility. The aim of this audit was to establish reasons why GPs are refusing and if there were factors that made refusal more likely

Methods

Method: 53 patients whose GPs had refused them prescriptions were identified and information about comorbidities, drug recommendation and reasons for refusal were collected. These were then compared against 53 controls matched for age and gender.

Results and Conclusions

Results: Refusal to prescribe hormones is uncommon (1.1%). The most common reasons cited by GPs were lack of knowledge or experience (35.5%), they felt it was a specialized area of medicine (26.6%) and that it was flagged as an amber drug by their local CCG (12.7%). Estrogen was significantly less likely to be refused than other drugs (20.6% vs 34.2%, p=0.007). People on the autistic spectrum were significantly more likely to be refused prescriptions (11% vs 0% p=0.012). On average the time from recommendation by the GIC to GP refusal to reply by the GIC was 86 days. With further correspondence, 87% of patients had been prescribed hormones in primary care.

Discussion: These results show that most GPs will prescribe hormones, often through simple reassurance by the endocrine team and quoting the GMC guidance. Delays are exacerbated by community pharmacy advice from CCGs who often unnecessarily classify transgender medications as amber drugs. Moving forward, the NHS must work towards clearer endocrine advice in primary care to ensure timely and effective treatment for transgender patients

Effects of testosterone therapy on lipid profile in trans men during a 6-month prospective clinical study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Milina Tancic-Gajic [1], ***Miomira Ivovic*** [1], ***Ljiljana Marina*** [1], ***Zorana Arizanovic*** [1], ***Marija Miletic*** [1], ***Dragana Duisin*** [2], ***Dusica Markovic Zigic*** [3], ***Miroslav Djordjevic*** [4], ***Marta Bizic*** [4], ***Borko Stojanovic*** [4], ***Aleksandar Milosevic*** [5], ***Katarina Maksimovic*** [3], ***Gradimir Korac*** [4], ***Ivana Krstic*** [6], ***Svetlana Vujovic*** [1]

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Background

Recent systematic review showed that testosterone therapy in transgender men was associated with modest increases in b*ody mass index (*BMI) and low-density lipoprotein (LDL) cholesterol and decreases in high density lipoprotein (HDL) cholesterol. Less consistent results were noted for total cholesterol and triglycerides.

Methods

This was the prospective clinical study. The aim of our work was to assess the changes of lipid profile in trans men during the first 6 months of gender affirming therapy with testosterone. The study included young adult trans men from Belgrade gender team database. We examined anthropometric parameters and lipid profile before and during a 6-month therapy by intramuscular injection of testosterone enenthate, 250mg every 2 weeks.

Results and Conclusions

Sixteen trans men, aged 27.69 ±5.84, completed the study.During 6 months of testosterone therapy there was a significant increase of body weight (63.96±10.85 vs. 67.2±10.02kg, $p<0.05$) and body mass index (23.21±3.56 vs. 24.48±3.07kg/m^2, $p<0.05$), without a significant increase of waist circumference (80.54±10.6 vs. 82.85±8.51cm, $p>0.05$) and without a significant decrease of hip circumference (99.00±8.1 vs. 98.00±6.87cm, $p>0.05$). We found a significant decrease of HDL (1.78±0.48 vs. 1.39±0.39mmol/l, $p<0.05$), without significant changes of cholesterol (4.8±1.14 vs. 4.70±0.98 mmol/l, $p>0.05$), LDL (2.73±1,09 vs. 2.88±0.82 mmol/l, $p>0.05$), triglycerides (1.33±0.79 vs. 2.56±1.04 mmol/l,$p>0.05$), Apolipoprotein B (ApoB) (0.98±0.33 vs. 0.93±0.24g7l, $p>0.05$), Apolipoprotein A1 (ApoA1) (1.58±0.29 vs. 1.38±0.27g/l, $p>0.05$) and Lipoprotein(a) (Lp (a)(0.16±0.17 vs. 0.7±0.05g/l, $p>0.05$).

Short term testosterone therapy in transgender men was associated with increases in BMI and with decreases in HDL-cholesterol. Long-term studies are needed to assess the long-term cardiometabolic risks of testosterone therapy in trans men.

Forthcoming study: The impact of medical treatments on non-binary and genderqueer patients

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Lotta Tynkkynen [1]***, Tuisku Katinka*** [1]***, Liisa Lempinen*** [1]***, Kaisa Kettula*** [1]

1. *Helsinki University Hospital*

Background

The amount of patients seeking help for gender identity disorder has been growing rapidly and in line with this there has been an increasing number of non-binary and genderqueer patients hoping to get medical treatments to help their gender dysphoria. It is recommended (WPATH, 2011) that the evaluation of the need for medical treatments should be based on the distress caused by gender dysphoria and not on specific diagnoses, thus also non-binary and genderqueer patients should be given medical treatments if there are no physical or psychiatric hindrances. However, contrary to binary transgender patients, there is lack of longitudinal evidence on the impact the medical treatments have on non-binary and genderqueer patients. The aim of this study is to investigate the impact the medical treatments have on the gender dysphoria, mental well-being and life-satisfaction of non-binary and genderqueer patients.

Methods

All of the transgender patients, both binary and non-binary, starting at the Gender Identity Clinic in Helsinki University Hospital during year 2019 will be included in the study, which is expected to be around 400 patients. During the psychiatric evaluation period, which in Finland lasts about 1-2 years, the patients will be given questionnaires concerning their gender identity, gender dysphoria, physical and mental well-being and social functioning, which will be part of the register data of the patients. The register data includes also information on the progress of the evaluation period, possible psychosocial treatments during the evaluation period (i.e. psychotherapy) and finally the possible diagnosis given and information on the patients' desire for medical treatments. All of the patients with stable, longitudinal transgender identity, unresolved gender dysphoria, and adequate judgement, realistic treatment goals, sufficient mental and physical health will be referred to the desired medical treatments.

The patients will be reached again via mail after 5 years and after 10 years from the beginning of their evaluation period and again questions concerning their gender identity, distress caused by gender dysphoria, functional capacity, quality of life, physical and mental well-being will asked. Also questions on the possible medical treatments received will be asked; i.e. how satisfied patients are with the treatments and what are the experienced advantages and disadvantages of the treatments. Also information on possible sick leaves, disabilities and rehabilitations will be collected from the national registers.

Results and Conclusions

This study will be one of the first studies to longitudinally examine the impact of medical treatments on the well-being of non-binary and genderqueer patients. This study is very important and current as also according to DSM-V and ICD-11 the division between binary and non-binary and genderqueer patients should no longer be as significant marker for the medical treatments as the distress caused by the experienced gender dysphoria.

Observational study on socio-demographic features and psychiatric coexisting problems in subjects with gender dysphoria diagnosis attending cidigem for sex-change from 2005-2015

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Anna Gualerzi [1], ***Flavia Capirone*** [2], ***Claudia Schettini*** [2], ***Donato Munno*** [1]

1. *Department of Neurosciences, Mental Health, Division of Psychiatry, AOU Città della Salute e della Scienza, Turin on behalf of CIDIGEM (Turin University Hospital Gender Team – Italy),* ***2.*** *CIDIGeM, AOU Città della Salute e della Scienza, Turin on behalf of CIDIGEM (Turin University Hospital Gender Team - Italy)*

Background

Despite being recognized as an unfavorable prognostic factor for Sex Reassignment Surgery (SRS) and for long-term psychosocial adjustment in gender dysphoria, psychiatric coexisting disorders have rarely been assessed with standardized diagnostic instruments. The aim of this study is to investigate socio-demographic features and to assess current and lifetime psychiatric coexisting problems in subjects diagnosed with Gender Dysphoria (GD).

Methods

Our sample was composed by 300 subjects (207 trans women, 93 trans men; mean age= 33,72± 10,69 years) attending CIDIGeM – a Public Health Service for persons diagnosed with GD in Turin, Italy – in order to enter the programme for Sex Reassignment Surgery, from January 2005 to October 2015. All patients have been comprehensively evaluated independently by two mental health professionals, qualified to work with adults with GD diagnosis, and all patients fulfilled the criteria for GD according to the DSMIV-TR/DSM-5.

Socio-demographic features have been assessed by analyzing patient medical records, while coexisting psychiatric disorders have been evaluated via Semi-Structured Clinical Interview (SCID I-II) and Global Assessment Functioning (GAF).

Statistical analysis was conducted using SAS version 9.3 Institute Inc., Cary, NC, USA. Between–group comparisons of categorical variables were performed using chi-square analysis. The significance level was set at $p< 0,05$.

Results and Conclusions

We have found differences among the socio-demographic features analyzed in the two subgroups (trans women and trans men), such as sex ratio, age and sexual orientation, but only in family relationships, history of prostitution and sexual abuse they were statistically significant ($p< 0,05$). A positive correlation was found between higher rate of prostitution, older age and lower level of education. Almost half of our sample (46,0%) reported positive psychiatric anamnesis. The current comorbidity is positive on Axis I in 49,2% of the subjects, mainly for anxiety disorders, mood disorders and adjustment disorders, while on Axis II in 24,6% of the subjects, mainly for Cluster B personality disorders; 83% of subjects reported GAF values ≥ 61. Between-group differences regarding psychiatric coexisting problems did not differ significantly.

According to our results, we found a higher levels of Axis I and II psychiatric coexisting disorders in patients with a GD diagnosis than the general population. For us, these disorders are often a psychological reaction to GD condition, and rarely a contraindication for SRS, if the patient is under good psychopathological control. These coexisting conditions should be optimally managed prior to, or concurrent with, treatment of Gender Dysphoria, as confirmed by the WPATH International Standards of Care.

The lack of comparison before and after SRS is the main shortcoming of this study, nevertheless this has been a significant opportunity to investigate the socio-demographic features and the prevalence of psychiatric coexisting disorders in our patients before SRS. Our preliminary data on prevalence of psychiatric coexisting disorders before and after SRS in trans women show that presence of past mental health concerns does not adversely affect the post-operative outcome.

Our sample does not represent all transgender persons, but only the subjects with a GD diagnosis seeking for professional treatment, according to Standards of Care.

Gender identity development in children and young people: A systematic review of longitudinal studies

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Hannah Stynes [1], ***Georgina Mann*** [2], ***Veronica Ranieri*** [1], ***Talen Wright*** [1], ***Una Masic*** [2], ***Claudia Zitz*** [2], ***Eilis Kennedy*** [1]

1. *Tavistock and Portman NHS Foundation Trust,* ***2.*** *The Gender Identity Development Service, Tavistock and Portman NHS Trust*

Background

This review formed part of a multiphase research project designed to explore outcomes and predictors of outcome in children and young people referred to gender identity development services in the UK.

The visibility of young people with diverse gender identities has increased exponentially in recent years, accompanied by growing volumes of referrals to specialised gender services. This has reinforced the need for providers to accommodate new service users in a timely manner whilst also providing ethical, evidence based care. Accordingly, the body of research informing best practice is continually developing.

Prospective longitudinal research is of particular value, as it facilitates understanding of developmental trajectories and outcomes related to intervention and support. Thus far, no systematic review has been conducted looking at these types of studies with young people. The aim of the present study was to review the characteristics and key findings of these studies, describe measurement tools and identify ways to improve the rigour of future methodological approaches.

Methods

We systematically searched Embase, Medline, PsycInfo, PsycArticles and Science Direct, and manually searched journals and reference lists for peer reviewed literature in the English language.

We included prospective longitudinal studies which measured children and young people of <18 years at baseline and were published between January 2000 and May 2018. Excluded were retrospective, cross-sectional, experimental and case studies.

We extracted data on study characteristics including aims, study setting, recruitment method, sample size, age range at baseline and follow up, diagnostic criteria applied, demographics, variables assessed, and information on follow up. Additionally, the measures used in these studies to assess gender and psychosocial outcomes were presented.

A quality assessment tool was also applied.

Results and Conclusions

After initial searching, 3096 records were retrieved. Following screening and eligibility checks 14 papers describing 12 prospective studies were selected for inclusion.

Studies were conducted in 5 countries, mainly utilising small clinically referred samples of children diagnosed with Gender Identity Disorder (DSM-IV-TR and earlier). Few studies included very young children (<8yrs) and length of follow up varied considerably. Outcomes of interest included gender identity, sexual orientation, emotional and behavioural functioning, and psychiatric issues[EK1] . Whilst there was some consistency in the use of measurement tools, there are likely to be issues with validity given recent changes to DSM & ICD.

Overall, the review found a need for innovation in methods of following up gender variant children and young people.

The quality of body image in a sample of trans women and biological features: effects of the gender affirming hormonal treatment.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Chiara Michela Crespi [1], Domiziana Magistri [1], Fabio Lanfranco [1], Paolo Riccardo Brustio [2], Giovanna Motta [1]

1. *CIDIGEM (Turin University Hospital Gender Team - Italy),* ***2.*** *NeuroMuscularFunction | Research Group School of Exercise and Sport Sciences, Department of Medical Sciences, University of Torino*

Background

In gender dysphoria (GD) most diseases origin from the experienced feelings toward one's own body and particularly the gender identity is not congruent to the birth assigned sex.

Thus, the sexual physical characteristics are perceveid as not congruent to the gender experienced.

The aims of this retrospective study were: 1) to assess the effect of gender affirming hormonal treatment and of anthropometric and clinical parameters (hormonal levels, Body Mass Index (BMI), breast development…) on the quality of body image and 2) to evaluate the quality of the body image before the beginning of continouos gender affirming hormone treatment (T0) and 8-12 months afterwards (T1).

Methods

The sample was composed by 51 trans women who attended the University Hospital Gender Team of Turin (CIDIGeM) requesting a transition program and genital reconstructive surgery.

Every subject filled the WHOQOL-100 questionnaire before the gender affirming hormone therapy and at least 8 months afterwards to evaluate the quality of body image. The WHOQOL- investigated some specific areas of body satisfaction such as self-esteem, sexual satisfaction and in particular the body image in order to be able to draw conclusions on how much hormone therapy could improve this condition.

Results and Conclusions

Preliminary data showed that there are significant differences between T0 and T1 in all subscales, in particular in the body image subscale. No significant relationship in quality of the body image was found in subjects who performed also surgical procedures. In particular subjects who underwent the augmentation mammoplasty did not show a better body image quality than those who did not.

in conclusion, these preliminary data suggest that the gender affirming hormone therapy seems to be the main factor that alleviates gender dysphoria and improves the quality of body image.

Suppressing puberty by GnRHa: Unresolved concerns

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Heino Meyer-Bahlburg [1], ***Christoph Anacker*** [2], ***Walter Bockting*** [2], ***Christine Denny*** [2], ***Anke Ehrhardt*** [2]

1. *NYS Psychiatric Institute & Vagelos College of Physicians & Surgeons of Columbia University,* ***2.*** *NYS Psychiatric Institute & Columbia University*

Background

Puberty suppression, preferably by Gonadotropin Releasing Hormone Analogues (GnRHa) has become a standard treatment for early adolescents diagnosed with gender dysphoria (GD) (Hembree et al., 2017; Lopez et al., 2018). Follow-up studies agree that the treatment is effective regarding physical outcomes (Schagen et al., 2016; Klaver et al, 2018) and that individuals dagnosed with GD react very favorably, with reduction of behavioral/emotional problems and depression as well as improvement in global functioning (Chew et al., 2018).

As the adolescent brain is still sensitive to the organizational effects of sex steroids (Sisk, 2017) and has been shown to undergo significant reorganization during puberty (Giedd et al., 2015), the question arises whether puberty suppression lets the individual miss this sensitive period of brain reorganization, and what the long-term consequences may be. This paper is intended to summarize the current status of evidence for indicators of adverse side effects of puberty suppression on brain development and to identify related research needs.

Methods

This review draws on publications (found via a systematic search of PubMed) concerning long-term aftereffects of puberty suppression in non-human mammals and in individuals with central precocious puberty (CPP) or GD. Primary measures of adverse GnRHa-treatment outcomes of interest include structural and functional brain imaging variables as well as indirect indicators of such, e.g., selected neuropsychological findings.

Results and Conclusions

Animal models: Studies of the effects of prolonged GnRHa treatment in juvenile sheep have shown sex-specific impacts on emotion and behavior regulation (Wojniusz et al., 2011), impairment of long-term spatial memory (Hough et al., 2017a) which persisted after GnRHa discontinuation (Hough et al., 2017b), sex-specific effects on gray-matter and amygdala volume (Sex on Brain European Research Group - SOBER, et al., 2013), and on sex-biased gene expression of the amygdala (Nuruddin et al., 2013).

Children with CPP: Two modest-sized studies showed impairment of Wechsler IQ of about ½ standard deviation, affecting especially the Performance IQ (Mul et al., 2001; Wojniusz et al., 2016; Hayes, 2017).

Adolescents with GD: A case study showed a significant drop in working memory, which did not reverse after GnRHa treatment ended (Schneider et al., 2017). In a study of a small sample, GnRHa treatment did not affect executive functioning in terms of the Tower-of-London task (Staphorsius et al., 2015).

In conclusion, the very limited findings from sheep studies as well as from small human samples raise significant concerns about possible long-term adverse side effects of prolonged GnRHa treatment on brain development. Urgently needed are: (a) systematic studies of GnRHa effects on the developing brain in animal models that are more closely guided by the evidence regarding brain organization during puberty; (b) corresponding (preferably prospective) studies of pertinent behaviors and underlying brain structure and function in human clinical samples undergoing GnRHa treatment.

From preventing isolation to promoting social relations: a play therapy group for gender diverse children.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Chiara Baietto [1], Laura G. Terrana [1], Filippa D. Campagna [2], Angela Caldarera [3], Benedetto Vitiello [2]

1. *Struttura complessa Neuropsichiatria, Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Presidio Infantile Regina Margherita AOU Città della Salute e Scienza di Torino,* ***2.*** *Struttura complessa Neuropsichiatria, Dipartimento di Scienze della Saità Pubblica e Pediatriche, Presidio Infantile Regina Margherita AOU Città della Salute e Scienza di Torino,* ***3.*** *University of Torino*

Background

Within the Pediatric Hospital Regina Margherita (Torino) there is a specialized center for gender diverse children and their families. Our model of care is characterized by a multi-professional, supportive approach. Gender diverse children may experience social difficulties, from isolation to rejection and victimization (Menvielle, 2012). Among our work tools, we offer a group activity for children, aimed at encouraging social interaction and fighting the feeling of loneliness. Since 2016 we have been running a play therapy group involving children referred to our clinic. We will thus present the pilot project, and the preliminary results observed in a group of children from October 2017 to March 2019.

Methods

A child psychiatrist assesses if the group activity is suitable for the child, and invites him/her, upon consent of the parents, to participate. The group is open to their siblings as well. This project is the result of an art therapy group started in 2016, monitored by the NPI doctors, psychologists, educators, whose activities involved the use of clay. The project grew over time. In 2017, in agreement with the participants, the main activity of the group was changed. Until now, ten children (five being assigned female at birth and five male), aged 4-12, have taken part in the project. All children attend school, two of them adopting cross-gender clothing. Half of the children reported feeling very isolated and being harassed from peers outside the group. One child reported anti-conservative ideation and another one committed suicide attempt. Considering that the main aim of this activity is to support social interaction in order to prevent or decrease social difficulties, we chose to set a process evaluation strategy focused on these dimensions. This was done by using a qualitative approach (a short semi-structured interview with the child about the group and the experience of social interactions within and outside the group) and integrating this with the use of quantitative measures (the Social Problems and Peer Relation Scales of CBCL, and the PED-QL). The data collection is ongoing.

Results and Conclusions

In 2016 the art therapy workshop involved the use of clay, encouraging the children to invent and articulate a story. Each child invented their character's storyline and appearance. In 2017 the individual storylines were woven together into a general story. This was later turned into a book and finally turned into a short film, that was watched with the families in September 2018. The activity has regularly taken place every two weeks with a two-hours session. No dropouts occurred.

As regards the results, for the quantitative measures data collection is in progress, and we will have a first set of data in March 2019; during the short semi-structured interview the children reported a feeling of inclusion, a higher confidence in the possibility of experiencing and building good relationships with others. This pilot experience promises to be an important opportunity of individual development and promotion of well-being for gender diverse

children and their families.

Assessing capacity to consent in trans youth with learning difficulties.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Stephanie Darroch [1], ***Fiona Lambert*** [1]

1. *The Gender Identity Development Service, Tavistock and Portman NHS Trust*

Background

The decision to begin on medical pathways such as hormone blocker treatment or gender affirming hormones can have potential lifelong consequences for a young person. For example, some of the effects of hormone treatment such as changes to voice or development of breast tissue can be irreversible. And treatment pathways can have a permanent impact on fertility. Therefore, it is essential that young people can demonstrate the ability to give informed consent to treatment pathways. There are concerns that the ability to give informed consent may be compromised in young people who present to services with learning difficulties. A review of studies (Goldsmith et al, 2008) suggests that capacity to consent is greater in people with higher cognitive ability and verbal skills. As such it may be beneficial to include an assessment of cognitive functioning when assessing the capacity to consent in trans youth with learning difficulties.

Methods

This presentation will discuss the ethical, legal and practical implications of assessing the capacity to consent in trans youth with learning difficulties. These issues will be discussed in relation to two case studies of young people who presented to our service. Both had a documented history of learning difficulties. However, there was little information in the referral to our service about the extent of these difficulties. A cognitive assessment using the Weschler Abbreviated Scale of Intelligence was carried out to highlight the relative strengths and weaknesses in cognitive performance for each. The results of the assessment and the implications for informed decision making are discussed.

Results and Conclusions

Assessing capacity to consent to treatment can be a complex process in young trans people with learning difficulties. Including an assessment of people's cognitive strengths and weaknesses can help in assessing the capacity to consent in trans youth with learning difficulties.

Being Kind of Different

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Laura Charlton [1], ***Tom Matthews*** [1], ***Jo Charsley*** [1]

1. *Tavistock and Portman NHS Foundation Trust*

Background

Identity development for young people is markedly affected by social experiences and good mental health is associated with a sense of feeling connected to others. Compassion-focused therapy (CFT) explores how perceived and anticipated social rejection can create shame-based difficulties with far-reaching consequences, affecting the way in which young people relate to themselves and others. This poster will outline how a compassion - focused framework could be useful in understanding some of the difficulties that face gender diverse young people.

Methods

The poster will outline clinical themes and very brief case examples to demonstrate the particular applicability of using the CFT approach within the context of gender diversity. We will consider how to use this approach in a contextually sensitive way.

Results and Conclusions

Compassion-based interventions can be considered for use with gender diverse young people as a way of understanding the development and impact of shame-based difficulties. Through the development of a 'compassionate mind', young people are supported to interact with the world from a compassionate position, so to respond the sense of internal and external threat they experience.

What it's all about? The influence of gender identity and treatment progress on the desire to participate in decision-making, psychotherapy and aftercare of trans persons.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Toby Mayer [1]***, Andreas Koehler*** [2]***, Jana Eyssel*** [2]***, Timo Nieder*** [2]

1. *Friedrich-Schiller-Universität Jena,* ***2.*** *University Medical Center Hamburg-Eppendorf*

Background

Transition-related treatments are increasingly being offered by interdisciplinary transgender healthcare centres (ITHCCs), which focus on patient satisfaction. Updates to manuals and treatment guidelines which emphasis patient self-determination, relaxed requirements for psychotherapy and recognition of nonbinary and genderqueer (NBGQ) identities mean increasing numbers of trans individuals with a wide range of gender identities and treatment desires are presenting for treatment at ITHCCs. However, questions are raised as to how trans individuals view their role in decision-making, psychotherapy and aftercare treatments.

Additionally, research in the field of transgender health is also being revamped to reflect the numerous transition pathways associated with various genders, including the creation of a new measurement tool called the individual treatment progress score (ITPS; Köhler et al., 2017).

Objective of the current study was to gain insight into how trans individuals may differ in their desire to participate in decision-making processes, psychotherapy, and aftercare depending on the treatment progress and gender identity to improve patient satisfaction at ITHCCs and validate functionality of the ITPS.

Methods

Data regarding transition progress and 13 treatment-related desires were collected via an online study from a non-clinical sample consisting of 415 trans individuals (52% assigned female at birth), aged 16-76 (M = 38.12). Of participants, 18.3% identified with various NBGQ identities. Participants had progressed 60.77% (*SD* = 35.21) through their transitions at the time of data collection.

Main outcome measures were differences in participants' desire to participate in decision-making processes, psychotherapy, and aftercare according to transition progress (no treatment experience, early vs. later stages of transition as measured by the ITPS) and gender identity (male vs. female sex assigned at birth and binary vs. NBGQ gender).

Results and Conclusions

All participants ($p = .005$), especially participants assigned male at birth ($p < .001$), significantly differed in their desired level of participation in decision-making, with individuals without treatment experience desiring less participation in decision-making processes regarding aspects of their treatment. NBGQ participants assigned male at birth in the early stages of transition had significantly more desire for psychotherapy during the transition process ($p = .008$) than participants of the same identity in later transition stages. All participants ($p = .003$) and the binary participants in particular ($p = .003$), significantly differed in their desire for aftercare treatments at ITHCCs, with individuals without treatment experience indicating a stronger desire.

This study highlights the changing desires for participation in decision-making, psychotherapy and aftercare of trans individuals at various stages of the transition process, particularly at treatment start, and based on gender identity. Health professionals working at ITHCCs should expect a wide range of desires from trans patients and ad-

just treatment approaches accordingly to increase patient satisfaction. Additionally, results confirm the superiority of the ITPS for measuring transition progress.

The U.K endocrine pathway of care for young transgender patients. The A - Z as told by the gender identity nurse specialists

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Paul Carruthers [1]

1. *The endocrine gender development service - Leeds Teaching Hospitals*

Background

The Leeds Teaching Hospitals Northern Gender Identity Development Clinic is a supra regional centre for young people with a diagnosis of gender dysphoria. The service is jointly run with the Tavistock and Portman NHS Foundation Trust and University College London Hospital NHS Foundation Trust. We provide a highly specialised service for young people (up to 18 years of age) who are experiencing gender dysphoria and who have major concerns about their physical development through puberty. The young people are referred to the endocrine service following extensive assessments undertaken by the Tavistock Team. This poster will provide an insight into the service the UK provides and the extensive support the clinical nurse specialists input into the lives of these patients and their families.

Methods

/

Results and Conclusions

Viewers of the poster will learn about biochemical testing/parameters, bone scanning, fertility options along with the treatment pathway the UK NHS provides

Recalled pre-school activities among adults diagnosed with gender dysphoria who seek gender affirmative treatment – an Iranian study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Sepideh Kazemi [1]***, Mostafa Sadr*** [2]***, Behzad Sorouri Khorashad*** [2]***, Ali Talaei*** [2]

1. *Psychiatry and Behavioral Sciences Research Centre, Mashhad University of Medical Sciences,* ***2.*** *Mashhad University of Medical Sciences*

Background

The aim of this study was to examine the association of recalled childhood gender nonconformity and gender dysphoria.

Methods

Pre-school Activities Inventory was used to assess childhood play behavior in 72 trans women, 92 trans men, 100 control women, and 75 control men.

Results and Conclusions

Trans women scored as significantly more feminine than control women, whereas a non-significant difference was found between control men and trans men: the latter recalled more masculine play behavior. The results show that transgender people, during childhood, exhibit great amounts of nonconforming play behaviors. This nonconformity can be a source of stigma, victimization, and mental distress; hence, parents, teachers, and care givers should be familiar with childhood gender nonconformities and be prepared to deal with them.

Preferences in gender affirming treatment and fertility preservation among trans people in Sweden

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Lovisa Rasmusson [1], ***Ulrika Beckman*** [2], ***Attila Fazekas*** [3], ***Louise Frisén*** [4], ***Lotta Sandström*** [5], ***Nils Thelin*** [6], ***Alkistis Skalkidou*** [7], ***Fotios C Papadopoulos*** [1]

1. *Department of Neuroscience, Psychiatry, Uppsala University, Uppsala, Sweden.,* ***2.*** *Lundström Gender Identity Clinic, Södra Älvsborgs Hospital, Alingsås,* ***3.*** *Gender identity service, Department of psychiatry, University hospital, Lund, Sweden,* ***4.*** *Department of Clinical Neuroscience, Karolinska Institutet, Stockholm,* ***5.*** *Department of clinical sciences, Psychiatry, Umeå University,* ***6.*** *Division of Psychiatry, University Hospital. Linköping, Sweden,* ***7.*** *Department of Women's and Children's Health, Uppsala University*

Background

The number of people seeking gender affirming treatment has increased profoundly in recent years. A younger age at presentation and a higher prevalence of a non-binary gender identity are reported among those seeking gender affirming treatment. Moreover, a major legislative change took place in Sweden in 2013, when the sterilization was no longer obligatory in order to apply for legal sex change. Little is known about the treatment choices of trans people seeking gender affirming treatment in Sweden after 2013. In this study, the aim was to describe the preferences in gender affirming treatment and examine their association with sociodemographic factors.

Methods

Data was obtained from the Swedish Gender Dysphoria Study (SKDS), a multicenter study where trans patients 15 years or older with an ongoing health care contact for gender affirming therapy are asked to participate. The participants are asked to fill out several web-based surveys in a longitudinal setting. 196 people with baseline data were included. Twenty people having already undergone gender affirming surgery were excluded from the analyses with a surgical outcome measure, leaving 176 for further analysis. We defined individuals stating that their preferred pronoun was "they" ("hen" in Swedish) or other than "she, he or they" as having a nonbinary gender identification.

Results and Conclusions

Our study population consisted of 73 birth assigned males (aM) (37%) and 123 birth assigned females (aF) (63%).
97 % aM patients stated that they wanted to have or already had gender affirming hormone treatment, while the respective percentage for breast augmentation was 56 %, for vaginoplasty 89 %, for other feminizing surgery 86 % and 84 % for fertility preservation. Among female-assigned aF, the respective percentages were 98 % for hormonal treatment, 95 % for mastectomy, 65 % for trans masculine genital surgery, 67 % for hysterectomy and/or salpingo-oophorectomy, 19 % for other trans masculine affirming surgery and 26 % for fertility preservation.
Non-binary pronoun (n=21) was associated with a lower desire for top surgery (OR=0.21, 95%CI 0.06-0.75) and external genital surgery (OR=0.12, 95%CI 0.03-0.44). Gynophilic (OR=4.40, 95%CI 1.56-12-45) and ambiphilic (OR= 11.14, 95%CI 1.78-69.84) sexual preferences were linked to higher desire for external genital surgery. Being more content with physical appearance was associated with lower desire for top surgery (OR=0.98, 95%CI 0.95-1.00). Less social support was associated to lower desire for internal genital surgery (OR=0.37, 95%CI 0.16-0.86). Those who had come further in their social transition had lower desire for other types of surgery (OR=0.26, 95%CI 0.09-0.74). Already having biological children was associated with lower desire for fertility preservation (OR=0.13, 95%CI 0.03-0.64).

Conclusions

The majority desired both hormonal and surgical gender affirming treatment. More aM desired fertility preservation. Our findings support the idea that more trans people would benefit from feminizing facial surgery funded by public health care. A nonbinary gender identity and certain sociodemographic characteristics were associated with a lower interest in gender affirming treatment.

On the way to trans-inclusive healthcare and free legal gender recognition in the Central Asia

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Irina Karagapolova [1], ***Irina Lenskaya*** [2]

1. *Labrys LGBT NGO, Kyrgyzstan,* ***2.*** *Kazakhstan Republic Mental Health Center*

Background

For the recent times the situation in the Central Asian countries Kyrgyzstan and Kazakhstan was the following. There was no any official regulation of the medical-social care for transgender people in Kyrgyzstan. In Kazakhstan such regulation existed but with some discriminative requests according legal gender recognition. In the last several years due to the efforts of trans community in collaboration with alies from healthcare system the situation is changing rapidly.

Methods

In the frame of trans advocacy the partnership of trans activists and Ministry of healthcare representatives is formed in Kyrgyzstan and Kazakhstan. Due to that partnership the Standards of medical-social care are worked out and confirmed in Kyrgyzstan. That Standards not only regulate care process but alleviate access to legal gender recognition also. Such achievments lead to initiation of the revision of rather discriminative regulation in the neighbouring Kazakhstan. Now the working group exists, which is forming the new regulation of care in Kazakhstan. In plans there is to change the law which demands the obligate surgical interposition.

Results and Conclusions

Now in Kyrgyzstan and Kazakhstan there are some achievments in medical-social care and some chellenges also. In Kyrgyzstan medical-social care regulation appeared but there is no training for practical specialists. Such issues should be incorporated into the educational programs. In Kazakhstan there must be installed new regulation of care. And specialists of healthcare system are faced with the task to influence the legislation changes and to exclude the obligatory surgical interposions for legal gender recognition in Kazakhstan.

All treatments from a single source or rather spread over several locations: Does the setting make a difference? A comprehensive review

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Andreas Koehler [1], Peer Briken [1], Timo Nieder [1]

1. *University Medical Center Hamburg-Eppendorf*

Background

To be able to live according to their gender identity and to prevent or minimise gender incongruence (GIC) and/or gender dysphoria (GD), transgender individuals might require a multidisciplinary set of gender-affirmative medical treatments (GAMT). Therefore, transgender healthcare (THC) is primarily focusing on medical interventions (e. g., hormone treatment, breast and genital surgery) in order to reduce GIC/GD and to improve quality of live as outcomes.

Cohort studies, case-control-studies or other follow-up studies assessing the effect of GAMT hardly analysed a potential effect of different settings (e. g., if patients received all treatments from a single source or rather spread over several locations) on the outcome. This is especially relevant since there are both THC services with a decentralized structure (e. g., selected GAMTs are conducted by different medical institutions) and specialised clinics with a centralized, interdisciplinary THC structure (e. g., GAMTs are provided from a single source).

First empirical analyses showed substantial differences between transgender individuals within centralized and decentralized THC structures, e. g., regarding substance abuse (Horvath, et al., 2014). However, there is a clear lack of systematic research exploring the effect of the THC setting in which GAMT are provided on the outcome. From a clinical point of view, GIC/GD is considered rare, with high expectations that are claimed towards THC. Therefore, THC is expected to be based on trained healthcare professionals with scientific expertise. Moreover, networking between healthcare providers, patients and their loved ones, and support groups is often demanded as a method of quality assurance (Eyssel et al. 2017). Centralized THC structures seem to more likely meet those requirements and are more easily able to ensure a highly sophisticated THC system.

Methods

The present study aims to review the empirical literature of follow-up studies with a special focus on information about the THC setting: All treatments from a single source or rather spread over several locations? Therefore, the authors search electronic databases (Medline, Embase, PsycInfo, Web of Science and Scopus) for follow-up studies (and reviews on follow-up studies) with a special focus on information about the THC setting.

Results and Conclusions

A potential effect of the THC setting on the various outcome measures of the included studies will be analysed. Implications for the improvement of THC settings will be discussed.

Counselling transgender clients- specific cultural and ethic issues from Croatian perspective

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Iva Žegura [1]

1. *University Psychiatric Hospital Vrapče*

Background

Past and present status of LGBT issues in Croatian psychological profession reflects this invisibility of LGBT persons in society more generally. Until 2000, topics related to sexual health, gender identity and sexual orientation, together with issues concerning human rights were almost never mentioned during university undergraduate and postgraduate education and therapy training. There are no specific guidelines aimed toward an affirmative psychological approach from the side of professional association and professional chamber. The stigma affecting minorities based on sexual orientation and gender diversity is mentioned in very few (if any) handbooks, reviews, research papers on the health and mental health of LGBT people in Croatia.

Methods

The examples of the impact of the specific cultural background and trans-phobia will be given through examples form the clinical psychologist's practice with transgender clients in Croatian mental health system.

Results and Conclusions

The vacuum that currently exists in the Croatian scientific literature is often filled with popular universal answers or plain advice, but more dangerously with quasi-scientific interpretations based on personal prejudice of professionals. This approach causes great damage to the personality development, health, well being and general adaptive functioning of people who are affected by these practices. The effect is doubled as these quasi-scientific approaches have a deleterious impact on the psychological profession. There os a clear need for more integrative and comprehensive scientific research on human sexuality and gender identity. Psychologists should be familiar with scientific facts, evidence-based practices and the professional position on sexuality and gender identity issues. The continuous education of professionals should be ensured as to provide adequate professional help when clients contact them with issues relating to sexual identity and/or gender identity. Professionals in particular should be very careful, responsible, competent and ethical when dealing with issues related to sexual orientation and gender diversity, which still represent a great source of polemics, although this, at least in the professional sphere, should not be the case.

Primary care experience of gender diverse young people and their families in the United Kingdom.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Susie Green [1]

1. *Mermaids*

Background

Transgender health is a relatively new area of health care and as a consequence few doctors have good knowledge of the health needs of the transgender population. This is mainly apparent at primary care level, which many people need to access in order to be referred to the appropriate gender service. In addition, with a complex and unclear process regarding shared care between gender services and primary care service, many patients find themselves in the middle of a very unclear pathway of care.

Methods

Method: A questionnaire survey developed specifically for this project was sent to parents and young people who are members of the parents and youth groups provided by Mermaids.

Results and Conclusions

A total of 76 people replied the survey questionnaire. Most of the respondents (93%) were parents of transgender young people (76.3 % (n=58) 15.7% were transgender people of 18 years or above). Five young people under 18 (6.5%) also responded the questionnaire. The experience of 34 people (44.7%) was described as positive and of 22 (28.9%) as negative. The rest of the respondents had mixed experiences. Some of the comments related to their lack of experience in transgender health. Shared care with their gender clinic was identified as one of the main issues. A total of 14 (18.4%) respondents described their GP as refusing to share their/their child's care, 11 (14.4%) responded described their GP granting partial shared care and 18 (23.6%) of them explained that their GP was happy to provide shared care with their gender clinic.

The shared care requested related to hormone blockers (23; 30.2%), cross sex hormones (8; 10.5%) and both (14; 18.4%). Those having positive experiences with their primary care GP described that although their GP was not knowledgeable about transgender health, they were very willing to learn, they searched for information, and they got information from Mermaids. Negative feedback related to not wanting to share care with a private clinician; referring them to child and adolescent mental health services first; not using preferred name; and/or not believing that there was a need to refer them to the gender service.

Unanimously most respondents would like their GP to have more knowledge about transgender health with only 13% (n=10) of respondents saying that their GP had some knowledge of transgender health.

Conclusion: Clarity regarding pathways of treatment prescription for gender diverse young people is necessary in the NHS. Education to primary care doctors is vital in order to improve the care of gender diverse young people and their families. Medical schools should consider adding transgender health as part of their curriculum.

Psychopathology tied gender dysphoria with environmental distress conditions

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Laura Gallardo [1], Emilia Gómez Hoyos [1], Maria Antonia Maniega Rubio [1], Esther Delgado García [1], Aurelia Villar Bonet [2], Esther Gómez- Gil [3], Ruth González Collantes [1], Fernando Uriben Ladrón De Cegama [1], Daniel De Luis Román [1]

1. *Universitary Clinic Hospital of Valladolid,* ***2.*** *Univertsity Clinic Hospital of Valladolid,* ***3.*** *Hospital Clinic de Barcelona*

Background

Introduction: Nowadays, the psychological evaluation in gender dysphoria is being questionable. Some members of the transgender associations refered not to need this kind of evaluation and psychological follow-up; but the endocrinologist need to know that the gender change is a real desire and not a delusion.

On the other hand, in clinical practice we detected that an important percentage of patients had presented environmental distress conditions that could influence the process of gender affirmation and increase the possibility of presenting psychopatology during this change.

Objective: To describe the psychopathology and the enviromental distress conditions of the transgender population.

Methods

Material and Methods: We undertook a retrospective study of all patients attended by Castilla and Leon Gender Unit from 2015 to 2018. We evaluated sex assigned at birth, desired gender, environmental stress conditions and psychological variables.

Results and Conclusions

Results:42 patients. Age: from 10 to 55. trans women: 19 and FTM trans men: 23.

Depression: 15 (35.71%) (trans women: 8; trans men: 7).

Anxiety: 40 (95.24%) (trans women: 19; trans men: 21).

Behaviour disorders: 13 (30.95%) (trans women: 6; trans men: 7).

Suicidal attemps: 4 (9.52%). Suicidal ideas: 4 (9.52%)

Environmental distress conditions: 32 (76.19%) sexual abuse/assault: 2; social assault:4; domestic violence: 11, divorce: 3; death of close family members: 6

Discussion:

Regarding with the reference population without gender incongruence, the incidence of environmental distress conditions were higher. These environmental distres could predispose to an increased risk of psychopathology associated during the gender affirmation process. Therefore, we consider it necessary to evaluate psychology before and during the sex reassignment process.

Combined hysteroannessiectomy and mastectomy in trans women: complication rates, operative times and relations with hormonal treatment. Single centre experience.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Tommaso Dragone [1], ***Roberto Zizzo*** [2], ***Luca Petruzzelli*** [1], ***Paolo Petruzzelli*** [3], ***Paolo Bogetti*** [4], ***Elisabetta Baglioni*** [5], ***Michela Chiadò Fiorio Tin*** [2], ***Giovanna Motta*** [6], ***Fabio Lanfranco*** [7]

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Background

SRS(*Sex Reassignment Surgery*) is an important step for *trans women*, since it is known to help the patients to live more easily in their gender role and to significantly increase quality of life, but it cannot disregard a previous minimal period of hormonal tretament. Nowadays, there are no precise indications regarding SRS' procedures for trans women. Furthermore, such surgery is burdened by high complication and re-intervention rates: long-term testosterone administration could affect some *SRS*'aspects for subjects who decide to then undergo surgery.

Methods

We have considered a sample of 60 transwomen referring to CIDIGeM who underwent hysteroannessiectomy and mastectomy between 2004 and 2018. We then collected data about 1) surgical technique 2) complications 3) re-interventions 4) operative times 5) duration of postoperative hospitalization. We have then searched eventual correlations with the following variables: duration of Testosterone treatment, pre-surgical serum Testosterone and Oestradiol levels, age and BMI.

Results and Conclusions

Results. Median age at surgery was 30 years (interquartile range: 24-37,5), median duration of androgenic therapy before *SRS*was 32 months (IQR: 27,25-38,75) and median BMI 23,91kg/m2 (IQR: 21,8-28,05).

Combined procedure of hysterectomy, bilateral annessiectomy and mastectomy in one single operative setting was performed in 54 trans women (90%) with a median time of 290 min (IQR: 232,5-335). The median postoperative stay was 5 days (IQR: 4-7). The majority of patients (97%) underwent *laparoscopically assisted vaginal hysteroannessiectomy*(LAVH) with complication rates of 0% (less than in the literature) and median operative time of 80 min (IQR: 61,5-90). Two main mastectomy techniques were performed (50% *Free Nipple Graft*and 37% *Round Block*) without significant differences regarding complications. The most frequent early complication was breast hematoma (9 cases, 17%, according to the literature), 31 patients (57%) presented late complications, mostly of aesthetic nature, such as adipo-cutaneous excesses (35%), scar alterations (16,5%), *minus*(10%), nipple necrosis (7%) and 1 abscess. 34 patients (63%) required reoperation for early (7%), late (46%) or both type of complications (9%). Finally, 48% of the patients later performed urological reconstructive surgery. Mastectomy duration was found longer than literature's

data, with a significant correlation with higher BMI (p=0,01); hematomas' incidence showed a weak correlation to lower BMI (p=0,04) and late complications to higher BMI (p=0,05). No significant relations with duration or levels of hormonal treatment were found.

Conclusions. Combined histeroannessiectomy and mastectomy in a single operating session is confirmed as safe, feasible and valuable procedure for trans women paying particular attention to mastectomy procedure and aesthetic results that are the main cause of reoperation.

On the basis of data collected Testosterone long-term administration do not affect in a significative way nor the duration nor the outcomes of SRS surgeries, in which individual characteristics (BMI) seem to play a pivotal role.

Patient Reported Outcome Measures (PROMS): Trans Male people have improved emotional quality of life after chest contouring surgery

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Chloe Wright [1], ***Grit Dabritz*** [2]

1. *Royal Bolton Hospital,* ***2.*** *North Manchester General Hospital*

Background

The aim of this study was to examine whether masculinising chest contouring surgery (CCS) leadsto an improvement in Health-related quality of life (HRQoL) in trans men. There are no published studies that have quantified the direct impactof CCS on HRQoL in this group. The Short Form 36 (SF-36) is a widely validatedgeneric measure of HRQoL. We have used the SF-36v2 acute recall survey toassess the impact of CCS on HRQoL in trans men.

Methods

A prospective longitudinal cohort study of all consecutive trans male patients having CCS over a six-month period was performed. NRES ethical approval was obtained. The SF-36 was administered pre-op and at 2-4 weeks post-op. Data was collected on age, body mass index (BMI), surgical technique and weight of breast tissue excised. SF-36 scores were compared using the paired t-test.

Results and Conclusions

30 patients were recruited. The mean age and BMI were 23 years (SD:0.78) and 24 kg/m^2(SD: 0.65) respectively. Surgical technique: 24 (80%) dermal flaps, 5 (17%) periareolar and 1 (3%) nipple-grafts. The median unilateral weight of breast tissue excised was 281g (range: 24-671g).

Post-op(median 23 days, IQR 2 days), statistically significant improvements were seen in the SF-36 domains of General Health(p=0.011), Social Functioning (p=0.004),Vitality (p=0.001), Role emotional (p=0.029) and Mental Health (0.008). No deteriorations were seen in any domains. There was a statistically significant improvement in overall emotional HRQoL of 15.5 points (scale: 0-100, S.D: 10.7,p=0.005) and no deterioration in physical HRQoL (p= 0.65).

Conclusions

This data showsthat masculinising CCS leads to significant improvements in the general andmental health, social functioning and vitality as well as in emotionalwell-being in trans men in the early post-op period, despite the physicalimpact of recent surgery. Longer term results are required to examine the enduranceof these improvements and to support causation between CCS and improved HRQoL.

None fits all – A single centre surgical experience of non-binary persons

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Grit Dabritz [1], ***Kathryn Williams*** [1], ***Ioannis Ntanos*** [1]

1. *North Manchester General Hospital*

Background

Over the last years there has been an increase in the referrals of non-binary persons for defeminising chest surgery. This is a heterogeneous group of people who have different needs and requirements from chest surgery. This overview is to summarise our experience and demonstrates the factors in our assessment process.

Methods

A prospective date collection with review of notes regarding presentation, used names and pronouns, use of testosterone and expectations from surgery

Results and Conclusions

Twelve persons who identified as non-binary were assessed in our unit between December 2016 and October 2018. One of these now identifies as trans male and has been excluded from further analysis. Eight have had surgery, three are on the waiting list. Six who had surgery attended a six-month postoperative follow-up appointment and were satisfied with their decision to have surgery. Two did not attend. Three presented in a feminine, four in a masculine and four in an androgynous fashion. Two used their given female names, one a masculine, five a neutral and three a unisex name. Two used female pronouns (the same individuals who used their given female names), nine used neutral pronouns. Six used testosterone, some of them a reduced dose, five did not. Eight requested a male chest, two a prepubertal chest and one a completely flat chest without nipples.

All non-binary persons who returned for follow-up after having undergone chest surgery in our unit are happy with their decision at six months postoperatively. However surgical decision-making and treatment remains a challenge in this group. Surgeons cannot rely on the same factors that are considered when offering masculinising chest surgery to trans males. It requires an even closer working relationship with the referring psychiatric team to ensure that the correct surgical treatment is offered. Challenges to service provision include registration of gender and appropriate inpatient accommodation. Improved networking will help to establish standards for surgical care of non-binary persons. More data needs to be collected in order to develop a pathway for this group.

Gender affirming surgery without urethral lengthening in transgender men. Surgical and urological outcomes.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Garry Pigot [1], Muhammed Al-tamimi [1], Jakko Nieuwenhuijzen [2], Brechje Ronkes [3], Wouter Van Der Sluis [2], Mark-Bram Bouman [1], Margriet Mullender [1]

1. *VU Medical Center,* ***2.*** *Amsterdam UMC, location VU University Medical Center,* ***3.*** *Amsterdam UMC, location VUmc*

Background

Transgender men generally report an improved quality of life and satisfactory sexual function after Genital gender Affirming Surgery(GAS), e.g., phalloplasty and metoidioplasty. Traditionally, one of the main goals of genital GAS in transgender men is to achieve the ability to void while standing. To enable this, the urethra has to be lengthened. Common urethral complications after neo-urethra reconstruction are urethral fistulas and strictures. These complications often lead to (multiple) reoperations and may impede the possibility to void while standing. Therefore, at the VU University Medical Center, we offer (since 2004) the possibility to undergo genital gender affirming surgery(GAS) without urethral lengthening for those patients who do not need to void while standing or do not want to bear the burden of the neourethral complications and secondary surgery . The native urethral meatus is then re-localized and a perineal urethrostomy is performed to preserve the ability to void in sitting position.

Objective: To describe the surgical and urological outcomes after genital GAS without urethral lengthening in transgender men.

Methods

A prospective cohort study of transgendermen who underwent genital GAS without urethral lengthening from January 2004 toJanuary 2018 at the VU University Medical Center, Amsterdam, The Netherlands.Surgical outcomes and urological outcomes were recorded.

Results and Conclusions

Results: Genital surgery without urethral lengthening was performed in 68 patients. Of 68 patients, no (0%) patients developed an urethral fistula and 7 (10%) patients developed an urethral meatus stenosis . Mean surgery duration was 108(±41) minutes in the metoidioplasty (MET) group, 290(±73) minutes in the anterolateral thigh(ALT) flap phalloplasty group and 218 (±42) minutes in the superficial circumflex iliac artery perforator (SCIP) flap phalloplasty group. Mean hospital stay was five days after MET, seven days after ALT flap phalloplasty and six days after SCIP flap phalloplasty.

Conclusion: Genital GAS without urethral lengthening in transgender men is an eligible option with lower surgical complications and good urological outcomes, favorable surgery duration and hospital stay.

Patient satisfaction after bilateral mastectomy and chest reconstruction with double incisions using the inferior dermal flap technique

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Grit Dabritz [1], ***Ioannis Ntanos*** [1]

1. *North Manchester General Hospital*

Background

Our surgical unit offers a technique of masculinising chest contouring that preserves nipple sensation in more than 60% of cases. This study aims to evaluate patient satisfaction with the appearance of the chest and scars six months after surgery

Methods

All patients that underwent the above-mentioned chest wall contouring technique for gender affirmation were offered to complete a satisfaction survey 6 months after their operation. The questions included: 1. Overall satisfaction 2. Scar appearance 3. Chest wall appearance fully clothed (a), with t-shirt (b) and topless (c) 4. Effect on masculinity 5. Effect on overall well-being 67 questionnaires were reviewed (66 bilateral and a unilateral mastectomy). For the first three questions there was a choice of answers between very satisfied-satisfied-little dissatisfied-dissatisfied and the last two had a 'yes' and 'no' option.

Results and Conclusions

Overall satisfaction was recorded as "Satisfied" or "Very Satisfied" in 66 cases (98%). Satisfaction regarding scar appearance was 10% (Satisfied) and 30% (Very satisfied). When questioned about chest wall appearance, the "very satisfied" option remained the most frequent answer, from 97% when fully clothed to 56.7% when topless. There were no "Dissatisfied" answers.

82% of participants reported an improved feeling of masculinity while 86.5% reported an improvement in their wellbeing.

Conclusion:

Chest wall reconstruction with double incisions (inferior dermal flap technique) appears to result in high patient satisfaction with the appearance of the chest as well as in an improvement in the feeling of masculinity and well-being. The questionnaire was offered six months after surgery and a further improvement in chest wall and scar appearance is likely once healing is complete at around 2 years post-surgery. Long term follow up is therefore recommended.

Hematoma development site after male-type thoracoplasty for trans male ; clinical study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Toru Sakurai [1]

1. *Gyotoku general HOSPITAL*

Background

Many of trans men have a strong discomfort in female breasts, trying to obtain the outline of the male type chest wall, which is the original form of yourself, by holding the breast with a band. However, it is difficult to obtain a satisfactory male-type chest wall contour only with breast compression. So, they desire plastic surgery to make the breast a male type chest wall. Surgical treatment is effective for obtaining male-type chest walls, which are their original shapes, reducing mental stress and increasing sexual happiness.For male type thoracoplasty for trans men, it is safe to obtain good results by determining the surgical method using an algorithm depending on the morphology of the breast. However, it is also clear that various complications occur at a certain rate. Among the complications, one of the most serious complications requiring reoperation is hematoma.

Methods

With research approval at the Okayama University Hospital Ethics Committee approval was obtained and a retrospective study was conducted (Study No. 1808-030). Twenty-seven patients who underwent male type thoracoplasty under general anesthesia diagnosed as trans men at the Okayama University Hospital gender center from 2006 to 2016, targeted 12 cases with hematoma. In the initial surgery, 277 cases, two plastic surgeons performed left and right mastectomy and nipple and areola reduction, J - VAC Reservoirs® (A Johnson &. Johnson Company) 15 Fr was inserted subcutaneously on each side After the operation, pressure cramping with chest band and tape from the chest wall was performed. There were 262 cases of group 1 and 15 cases of group 2. In 12 of 277 cases, hematoma was observed in 4.3%, group 1 was 11 cases and group 2 was 1 case.

Postoperative hematoma was observed and 12 cases requiring surgery were examined for age, BMI, history of hormone treatment, operation time,intraoperative bleeding volume, smoking history, bleeding site, time to onset of hematoma, physical examination.

Results and Conclusions

Postoperative hematoma was found in 12 patients (4.3%) of 227 trans men who underwent a male type thoracoplasty at our hospital. Postoperative hematoma was examined retrospectively. The time to onset of hematoma was 11.1 ± 10.2 hours on average after surgery. The main blood vessels that caused bleeding were the head side skin flap region where visual confirmation was difficult and the perforator blood vessels from the pectoralis major muscle. There was no significant difference between the onset of hematoma and the resected breast volume($P > 0.05$). And there was a significant correlation between hematoma and operation time.

Multiple-staged buccal mucosa metoidioplasty for trans men diagnosed with gender dysphoria: preliminary results from a single center cohort study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Massimiliano Timpano [1]***, Marco Falcone*** [1]***, Paolo Gontero*** [1]

1. *Urology Departement, Città della Salute e della Scienza, Univeristy of Turin on behalf of CIDIGEM (Turin University Hospital Gender Team - Italy)*

Background

Various techniques may be considered to address sex reassignment surgery (SRS) in trans men diagnosed with gender dysphoria (GD). Among them metoidioplasty represents a valuable option. Urethral reconstruction represents the weakest issue of this technique.

Methods

From September 2016 to August 2018 a consecutive series of 8 trans men diagnosed with GD underwent a metoidioplasty in a single tertiary referral centers as the last step of a SRS. Metoidioplasty was conducted as a multiple-staged procedure: 1) urethral lengthening and dorsal buccal mucosa grafting to reconstruct the urethral plate 2) tabularization of the urethral plate, vaginectomy and scrotoplasty with rotational labia majora flaps 3) bilateral testicular prosthesis implantation. A retrospective analysis was conducted extrapolating data from the clinical records. A descriptive analysis of the surgical outcomes and PRO's was conducted. Statistical analysis was performed using STATA version 12.0 for Mac package.

Duration of surgery, intra and postoperative complications and the hospital stay were selected as variables for the surgical outcomes. PRO's were extrapolated from a 4-item "ad hoc" created questionnaire administered through a telephone interview at 1 year follow-up.

Results and Conclusions

A total of 8 patients were enrolled in the present study. The median age was 32 (IQR 30-39). The median BMI was 20 (IQR 19-23). The median follow-up was 14 months IQR (8-20). The median operative time resulted 70 minutes (IQR 50-80) for 1st step, 120 minutes (IQR 100-155) for the 2nd step and finally 35 minutes (IQR 28-45) for the last step. The median urethral lengthening obtained was of 3.5 cm (IQR 2-4). A tabularization of the urethral plate on a size 14 Ch stent was possible in all cases. No major intraoperative complications were detected. The median hospital stay was 2 days (IQR 2-3) for 1st step, 5 days (IQR 3-6) for 2nd step and finally 1 day (IQR 1-2) for last step. A single case of the persistence of a minor urethral fistula on a penile urethra requiring surgical excision was detected. No urethral stenosis were detected. All the patients completed the 3 stages of surgery and were therefore considered for PRO's analysis. 87.5 % of patients declared to be fully satisfied of the TPC. 87.5% would recommend the procedure to someone else and 75% would undergo the same procedure again. Erogenous sensations were perceived by all patients during sexual intercourses.

The multiple-staged buccal mucosa metoidioplasty may represent a valuable option for SRS minimizing urethral postoperative complications.

Salvage of partial or total phalloplasty flap loss in transgender men: a retrospective study of 17 cases.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Muhammed Al-tamimi [1], ***Wouter Van Der Sluis*** [1], ***Garry Pigot*** [1], ***Marlon Buncamper*** [1], ***Jan Maerten Smit*** [1], ***Haye Winters*** [1], ***Mark-Bram Bouman*** [1]

1. *Amsterdam UMC, location VU University Medical Center*

Background

Transgender men experience a good quality of life and report satisfactory sexual function after phalloplasty. Often, transgender men express the wish to be able to void while standing and/or to be able to engage in penetrative sexual intercourse. To enable this, the urethra has to be lengthened and an erectile prosthesis implanted in the neo-phallic shaft. Examples of fasciocutaneous flaps that can be used to reconstruct a neo-phallus shaft are: free radial forearm flap(FRFF), free or pedicled anterolateral thigh (ALT) flap, fibula flap, (pedicled) abdominal flaps, groin/SCIP flap and the latissimus dorsi (LD) flap. There are multiple surgical option for urethral reconstruction; a tube-in-tube flap configuration, use of full-thickness skin grafts, buccal mucosa or use of a second fasciocutaneous flap. Possible complications of pedicled or free flap phalloplasty compromise anastomotic occlusion, due to venous, arterial or combined thrombosis, resulting in partial or total flap failure. These complications are rare, but can cause major discomfort, emotional distress and impede the possibility to void while standing and/or to have penetrative sexual intercourse.

Methods

Retrospective analysis of medical records of all transgender men who underwent phalloplasty from January 1989 to January 2018 at the VU University Medical Center, Amsterdam, The Netherlands

Results and Conclusions

179 transgender men underwent phalloplasty. Partial or total phalloplasty flap loss occurred in 17(9.4%) patients. Total phalloplasty flap failure, shaft and neo-urethra, occurred in 10 (5.6%) patients. Seven (4%) partial flap losses, shaft or neo-urethra, occurred in double flap phalloplasties of which four (1%) were neo-urethra loss and three (0.8%) neo-phallic shaft loss . As salvage surgery we performed a secondary modified FRFF, SCIP flap or ALT flap.
Conclusion: Partial or total phalloplasty flap loss in transgender men is a rare, but serious complication causing major discomfort, functional loss and emotional destress. Salvage after flap loss is a difficult procedure and necessitating a multidisciplinary approach. Successful salvage of the phalloplasty can be performed using a secondary pedicled or free flap.

Evaluation of psychological variables in a sample of patients who choose to submit to a facial gender confirmation surgery

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Marina Rodríguez [1]***, Fermín Capitán-Cañadas*** [1]***, Javier G. Santamaría*** [1]***, Zoe Barossi*** [1]

1. *FACIALTEAM*

Background

Facial Gender Confirmation surgery (FGCS) is a surgical procedure that seeks to harmonize the bone structure of the skull of transgender patients (trans women) to bring it closer to the structure typically considered feminine. Much has been studied about this type of population, but almost always modulated by genital reassignment surgery, and there is little scientific evidence on psychological variables present in FGCS.

Methods

This descriptive and correlational study aims to join new research to establish the psychological basis of this type of surgery and study its involvement at the emotional level in transgender patients.

This study analyzes a sample of 438 patients who are going to undergo this type of surgery. The variables measured are depression, anxiety, perceived social support, coping with other previous operations, the perception of face femininity and personal well-being, using subscales of validated questionnaires and Likert-type questionnaires generated ad hoc for the study.

Results and Conclusions

Patients do not usually have high scores in depression or anxiety and have a good perception of well-being in general. According to the results, a negative and significant relationship can be observed between some of the variables studied such as the perception of femininity of the face and expectations, or well-being with depression and anxiety. Besides, a positive and significant relation can be observed among others variables such as the perception of femininity of the face with perceived well-being.

Conclusions:

The psychological profile of these patients is not pathological, but we can see that the emotional state of the patient is related to how the woman perceives her face and in turn to the expectations before surgery. For this reason, we conclude that FGCS is essential for the emotional well-being of the patient.

Correlation of masculinity/femininity dimensions and gender in/congruence with personality treats and measures of personality in trans persons

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Jasmina Barisic [1], ***Dragana Duisin*** [1], ***Marko Kalanj*** [2], ***Miroslav Djordjevic*** [3], ***Marta Bizic*** [3], ***Svetlana Vujovic*** [4], ***Gradimir Korac*** [3], ***Borko Stojanovic*** [3]

1. *Clinic for Psychiatry, Clinical Center of Serbia, Belgrade,* ***2.*** *Institute for Mental Health, Belgrade,* ***3.*** *School of Medicine, University of Belgrade, Belgrade, University Children's Hospital, Belgrade, Serbia,* ***4.*** *Clinic for Endocrinology, Diabetes and Metabolic Diseases, Clinical Centre of Serbia, Faculty of Medicine, University of Belgrade, Belgrade, Serbia*

Background

Research in the literature is mostly focused on the assessment of femininity/masculinity dimensions, personality profiles and psychopathological features (presence/absence of personality disorders) in trans persons. The aim of this research is to study the assessment of all aforementioned aspects by inclusion of level of personality organization using the using the Kernberg model (neurotic, borderline or psychotic personality organization) and to evaluate their correlation and significance in preparation for gender affirming medical treatment/s.

Methods

The total study sample (N=37) comprised of 10 trans women and 27 trans men (mean age 23,65 ± 6,36 years) during the period prior to medical transitional phase. Research was done in the Cabinet for Transgender States Clinic for Psychiatry Clinical Center of Serbia, Belgrade. The following assessment instruments were applied: Transgender Congruence Scale, Traditional Masculinity-Femininity scale (TMF), Millon Clinical Multiaxial Inventory (MCMI – III) and Inventory of Personality Ogranization (IPO). The small sample size and non-normal distribution of test scores have limited statistical analyses to use non-parametic methods.

Results and Conclusions

Distributions of traditional masculinity-femininity dimensions differed across groups, with an extreme scew towards traditional femininity in the trans female group, while scores in the trans male group heavily scewed towards traditional masculinity, but with a more equal distribution in the middle ranges of the scale. Traditional masculinity was moderately negatively correlated with the body discomfort subscale of the Transgender Congruence Scale. Higher gender congruence was moderately associated with depressive personality traits, strongly associated with compulsive personality traits, while lower gender congruence was moderately associated with self-defeating personality traits and strongly associated with more severe personality trait (borderline and schizotypal). Lower gender congruence was moderately associated with greater use of lower level of defences, with the strongest association for low appearance congruence subscale. No significant associations between gender congruence and reality testing or identity diffusion scales were found.

The clinical importance of the results obtained in this research is to determine on an individual basis the type and timing of medical treatment in the process of gender affirmation treatment. Patients may benefit from supportive treatment when lower level of defence mechanisms are present. A higher degree of gender incongruence, compulsive personality features, and higher levels of defence mechanisms represent better predictive factors for successful medical gender affirming medical interventions. Limitations of this research include a small sample size.

The wisdom of a body that talks: body-psychological techniques in the transition pathways.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Chiara Dalle Luche [1], ***Roberta Rosin*** [2]

1. *Consultorio Transgenere Torre del Lago,* ***2.*** *scuola di specializzazione psicoterapia funzionale*

Background

The present poster proposes the journey faced by transgender people in light of the Functional Psychology model, in which attention is given at the Integrated Systems as well as the body. The body, primary source of discomfort and reluctance, further becomes the true resource from where to start to modify, with coherence, the meaning of one's own existence.

Clinical pathways will be proposed, in which the therapies considering the Contact and the capacity to re-feel and rediscover those Basic Experiences of the Self that have deteriorated will result clear and coincident. Some therapeutic failures are indeed determined by those psychotherapies that conceal all the dimensions of the Self; to define a differential diagnosis and to support a natural propensity toward transition, verbal awareness would be insufficient. Body-psychotherapeutic techniques sustain that being touched is fundamental in transgender people, whom manifest their discomfort and, at times, rejection toward life through the body. The awareness of an integrated Self cannot exclude all the different levels, the body level considered as it becomes a manifestation visible to the world.

Aim: how much the Functional Body-psychotherapy model, which sees the body dimension as a standing point, is efficient in the different pathways of transition.

Methods

The Adult Assessment Form and the Adult Diagnostic Form were used: both allow to draw up the *Therapeutic Project*, a clear and precise project with which is possible to intervene onto the complex reality of the Self, with its numerous variables, at the level of the basic Functioning. Techniques through which it is possible to intervene upon the basic Functioning were used, correlated to *Functions*such as Voice, Movements, Posture, the Neurovegetative System, the Muscular tone, the Sensorial and Perceptive System, the Neuroendocrine System and their general regulators, as Respiration, Imagination and essential Thoughts.

Results and Conclusions

The pathway that every person has to face is an ad hoc one, each person has its own therapeutic pathway. From the results, it emerges a greater awareness of oneself. Furthermore, the acceptance of oneself at the psychic, social and body level is highlighted. Nothing works in solitarily: A thought, for example, directly communicates with the Endocrine and Immune System as well as with the Neurovegetative one and, as a consequence, with the Central and Peripheral Nervous System. Placing ourselves in this complex perspective, thus looking at the coherence or non-coherence of the signals resulting from the different exchanges among these Systems, we would be able to be truly efficient and precise while in therapy.

During the transition pathway, every professional has to take charge for the whole Self. It is important to consider the person and the time required to properly assimilate the modifications exerted upon the Basic Functioning and Integrated Systems of the person in question (e.g. The Hormonal therapy disrupts a person physiological balance and more). The request to transition is a profound one, and requires attention toward its complexity.

The unique needs of the transgender patient during their perioperative care

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Luis Tollinche [1]***, Michael Long*** [2]***, Zil Goldstein*** [3]***, Asa Radix*** [4]***, Chasity Walters*** [1]***, Cindy Yeoh*** [1]

1. *Memorial Sloan Kettering Cancer Center,* ***2.*** *Marian University,* ***3.*** *Mount Sinai,* ***4.*** *Callen Lorde*

Background

An estimated 25 million people identify as transgender worldwide, approximately one million of whom reside in the United States. The increasing visibility and acceptance of transgender people makes it likely that they will present in general surgical settings, therefore perioperative healthcare providers must develop the knowledge and skills requisite for the safe management of transgender patients in the perioperative setting.

Extant guidelines, such as those published by the World Professional Association for Transgender Health (WPATH) (The World Professional Association for Transgender Health) and the UCSF Center of Excellence for Transgender Health, serve as critical resources to those caring for transgender patients. However, they do not address their unique perioperative needs.

Methods

Through expansive literature review, examination of our institution's experience, combined with collaboration with institutions that have well established programs in the New York City (USA) area, we composed a manuscript encompassing current recommendations on comprehensive care for the transgender patient in the perioperative setting.

Results and Conclusions

It is essential that anesthesia providers develop the knowledge and skills necessary for safely managing transgender patients in the perioperative setting. This review provides an overview of relevant terminology, the imperative for the provision of culturally sensitive care, and guidelines for preoperative, intraoperative, and postoperative management of the transgender patient.

Facilitating easy access and coordination of various subspecialty services such as endocrinology, anesthesiology, psychotherapy, psychiatry and social work, ultimately promotes the perioperative care and recovery of the transgender patient. However, to achieve this consequential imperative, providers need to be properly educated and vetted in the care of the transgender patient.

Appropriate training for clinicians caring for this population requires both health information education and sensitivity training especially in light of the stigmas and misconceptions associated with the transgender community. Such training needs to begin early in the education of healthcare providers. For instance, many medical students have inadequate training in LGBT health and particularly in transgender medicine. Residency training provides a time and opportunity for these gaps to be addressed. Program directors should ensure that topics in transgender healthcare are included in the residency training curriculum, addressing cultural competency and standards of care for hormone therapy and gender confirmation surgeries.

This serves as a comprehensive guide, and additionally sheds light on an important subject matter to stimulate much needed attention and research in a field that has long been overlooked and neglected because of social stigmatization.

Sexual experiences of transgender adolescents before treatment – results from a German clinical cohort study

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Marie Louise Stübler [1], ***Inga Becker*** [1]

1. *University Medical Center Hamburg*

Background

Research shows that transition-related medical healthcare is associated to positive sexual satisfaction outcomes in transgender adults, and a better psychosocial functioning in adolescents. So far, little information on the sexual behavior and sexual health of transgender youth is available. One other study has assessed the sexual and romantic experiences of this group of individuals before gender-affirmative treatment.

Methods

The present study assessed the sexual experiences of N = 126 transgender adolescents (average age 15.6 years) that were referred to the Hamburg Gender Identity Service (between 2013 and 2016) before they underwent any sort of medical gender-affirming treatment, and fulfilled diagnostic criteria for Gender Dysphoria. Next to gender, age, and social transition status, sexual experiences such as falling in love, romantic relationships, sexual fantasies, masturbation, intimate experiences (petting), sexual intercourse, and sexual orientation (attraction) were assessed via a self-reported questionnaire. The analyses included gender/age group comparisons and comparisons with regard to the degree to which adolescents had transitioned socially.

Results and Conclusions

Although the majority of the adolescent sample (aged 11 to 18) reported falling in love (85%), having a serious relationship (65%) or sexual fantasies (60%), physical-sexual experiences with a partner were reported much less often: Less than half of the sample reported experiences with masturbation or intimate sexual experiences with another person, and only 13.5% reported having had sexual intercourse. Older adolescents (15 to 18 years of age) and those who had already undergone a social transition had comparatively more sexual experiences than younger adolescents (11 to 14 years) and those who still lived predominantly in their previous gender role.

Similar to the first previous study on this topic, and compared to adolescents from the same aged German norm population, transgender adolescents do not seem to make the same age-appropriate physical and partner-associated sexual experiences: Although both romantic relationships and sexual lust are reported by the majority of adolescents, transgender adolescents did not seem to undergo important sexuality associated developmental milestones. These findings manifest the importance that transitioning socially and receiving gender affirming medical support of this transition might play for the psychosexual development, as well as the psychotherapeutic protective space that allows the discussion of sexuality related issues.

Long-term systematic follow-up of a national cohort of children and adolescents diagnosed with gender dysphoria - protocol presentation.

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Mette Ewers Haahr [1], ***Wivi Elisabeth Rasmussen*** [1], ***Anne Katrine Pagsberg*** [1], ***Katharina Main*** [1], ***Birte Smidt*** [1], ***Annamaria Giraldi*** [1]

1. *Region Hovedstadens Psykiatri*

Background

From January 2016 The National Board of Health in Denmark approved of a treatment program of children and adolescents diagnosed with gender dysphoria. Healthcare for these children and adolescents is centralized nationwide, making this a unique cohort to study.

Methods

The aims of this project are

a) to describe the population regarding social, demographic, and psychiatric parameters of children and adolescents diagnosed with gender dysphoria (<18 years) in Denmark

b) to follow the cohort over 2, 5, and 10 years to assess the effects and possible side-effects of the treatment of gender dysphoria

c) to characterize the persons who regret treatment initiation and to define potential risk factors for desisting

We hypothesize that

a) children and adolescents diagnosed with gender dysphoria are at greater risk of psychiatric morbidity and/or being in the autistic spectrum compared to the background population

b) they have a higher risk of social problems, school-avoidance, bullying and lower general well-being before and during the gender transition period compared to the background population

c) the treatment of the gender dysphoria will improve the general well-being and eliminate all or some of the psychopathology

d) that the expected few individuals who desist, have a higher risk of being within the autistic spectrum compared to population of children and adolescents diagnosed with gender dysphoria

This project is a both retrospective and prospective longitudinal study of a single center national cohort and will include all children and adolescents consecutively referred to medical treatment due to gender dysphoria starting from January 2016. We will also follow-up on individuals, who do not pursue the wish for treatment or was not characterized as transgender after assessment.

Data will be collected at baseline and at follow-up at times 2, 5 and 10 years after initiation of hormone treatment. The outcomes measured will be history of gender incongruence and dysphoria, early or late onset, binary or non-binary gender status, age of social transition, age of name-change in registry, any psychiatric diagnosis, suicidal ideation and attempts, cognitive profile, general well-being, schoolattendance, social abilities, development of sexuality, externally and internally experienced transphobia, minority stress, and demographics including family sup-

port or rejection, parental social status, any parental issues, and parental educational level

Results and Conclusions

Approximately 250 children have already been treated in Denmark since January 2016, and these will be included in the retrospective study and also invited to participate in the follow-up study. For the prospective study we will include the approximately 90 children referred per year, leading to an intake period of 2-4 years for the prospective study to reach around 250 included children to be
followed-up systematically.

Conclusions

Results of the project will be published in leading peer-reviewed journals and communicated to the patients and their advocacy groups.

External stressors on families of trans and non-binary youth: Preliminary results from Trans Youth CAN!

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Greta Bauer [1], Joe Raiche [2], Cindy Holmes [3], Julie Temple Newhook [4]

1. *Western University, London,* ***2.*** *University of Calgary,* ***3.*** *University of Victoria,* ***4.*** *Memorial University*

Background

Purpose: Trans and non-binary youth may experience external stressors from gender-related social exclusion by family, friends, school or community. Additional stressors may be known only to parents or caregivers who try to shield their children from the words or actions of others. Similarly, youth may shield their parents/caregivers, producing different experiences of external stress for youth and parents/caregivers. Stressors include a range of experiences, such as being told one is a bad parent, having another family refuse to let their children come to the trans or non-binary youth's home, having to challenge school or extracurricular policies, investigation by child welfare authorities, or being asked not to participate in a religious organization.

Methods

Materials and Methods: We developed the Stressors on Families of Trans Youth Checklist (SFTYC) to capture information on 16 types of trans-related external stressors on families of trans and non-binary youth. It was derived from clinician, researcher, and parent report, with revision based on separate trans and non-binary youth and parent feedback groups (in English and French); group participants identified additional stressors and confirmed content validity. Youth and parent-caregiver versions of the SFTYC were administered in English or French as part of baseline data collection for Trans Youth CAN!, a pan-Canadian cohort study of youth referred for puberty suppression and/or hormone therapy. Eligible youth were aged from puberty to 15 years, and were attending their first visit after referral for puberty suppression and/or hormone therapy at one of eight clinics. Youth surveys were administered by a trained interviewer, and parent/caregiver surveys were self-completed.

Results and Conclusions

Results: We will present preliminary results from youth and parent/caregiver surveys, including: 1) frequencies of experience for specific types of external stressors among youth and (separately) parents/caregivers; 2) a matched comparison of experiences reported by youth and their parents/caregivers; 3) an analysis of the number of stressor types reported, and; 4) an exploration of whether numbers or types of stressors varied by youth's age, binary or non-binary gender identity, immigration history, or other sociodemographic factors.

Conclusion: We present new results characterizing external stressors experienced by families of trans and non-binary youth from both youth and parent/caregiver perspectives.

Sources of support for trans and non-binary youth entering clinical care: Preliminary results from Trans Youth CAN!

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Margaret Lawson [1], Daniel Metzger [2], Emily Nunez [3], Cindy Holmes [4], Julie Temple Newhook [5]

1. *Ottawa University,* ***2.*** *BC Children's Hospital, Vancouver,* ***3.*** *Western University, London,* ***4.*** *University of Victoria,* ***5.*** *Memorial University*

Background

Purpose: Social support can prevent or modify responses to stress that affect health and well-being. Furthermore, integration into social networks is hypothesized to promote recognition of self-worth, as well as sense of purpose, belonging, and security. There is developing evidence that transgender (trans) and non-binary youth who are supported through family, healthcare, community, and school are more likely to experience a similar range of mental health and well-being as the rest of their cisgender peers. This study aims to describe and characterize the level and nature of support trans and non-binary youth seeking gender-affirming care receive from their parents/caregivers, other family members, friends, classmates, teachers, and community groups and leaders.

Methods

Materials and Methods: Analyses were conducted using baseline survey data from Trans Youth CAN!, a pan-Canadian cohort study of youth referred for puberty suppression and/or hormone therapy. Eligible youth were aged from puberty to 15 years, and were attending their first visit after referral for puberty suppression and/or hormone therapy at one of ten clinics. Previously validated measures of support include the MOS Social Support Survey, Family Connectedness Scale, and School Connectedness Scale. The baseline survey also contains new measures developed by the research team which were derived from clinician, researcher, and parent report, with revisions based on separate English and French trans and non-binary youth and parent feedback groups. These new measures examined support for preferred pronoun(s); family, school and community support for gender identity and expression; parental support of youth receiving gender-affirming care; sources of social support; and use of LGBT2Q youth support groups.

Results and Conclusions

Results: We present preliminary results from youth baseline surveys, including frequencies for each measure of support, an analysis of the number of sources of social support reported, and an exploration of whether the quantity, quality, or nature of support varied by youth's age, binary or non-binary gender identity, Indigenous status, or immigration history.

Conclusion: Our results describe the ways that trans and non-binary youth perceive and receive support from friends, family, school, and community, with family and real-life, non-trans friends providing them with their greatest support. Education is needed to empower primary care providers, teachers, community members, and cultural/ethnic and faith communities to support trans youth. It is encouraging that strong parental support for gender identity and expression was associated with higher gender positivity and lower gender distress.

The experiences of parents/caregivers accompanying gender diverse and trans children and youth attending speciality clinics: stories of gender affirming care project

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Annie Pullen Sansfacon [1], Shuvo Ghosh [2], Stephen Feder [3], Margaret Lawson [3], Jennifer Ducharme [4], Cindy Holmes [5], Julie Temple Newhook [6], Frank Suerichgulick [7], Valeria Kirichenko [7]

1. *Ph.D., University of Montreal, School of Social Work,* ***2.*** *McGill University,* ***3.*** *Ottawa University,* ***4.*** *University of Manitoba,* ***5.*** *University of Victoria,* ***6.*** *Memorial University,* ***7.*** *University of Montreal*

Background

Over the past 5 years in Canada, clinicians have observed an increased number of gender diverse and trans children and youth (GDTCY) accessing clinics for gender affirming care and support (Lawson et al. 2017). That GDTCY are usually accompanied by their families (parents and caregivers) when accessing care provides a unique opportunity to integrate them into the treatment team. GDTCY have better health and social outcomes when strongly supported by their parents/caregivers (Katz-Wise et al. 2018). To optimize this, it is essential that we learn more about family experiences in supporting their GDTCY and in overcoming challenges and barriers to accessing services (Pullen Sansfaçon et al. 2015). *Stories of Gender-Affirming Care: Learning from Children, Youth and their Families*is one of the first qualitative research projects that aims to develop a deeper understanding of GDTCY and their parents/caregiver perspectives on the strengths and challenges within their experience of a gender-affirming care setting. This paper presents the findings on parent/caregiver experiences in accompanying their GDTCY and accessing care at Canadian clinics offering gender-affirming care to pre-pubertal, pubertal and post-pubertal youth.

Methods

A Grounded Theory methodology and a social determinants of health framework were used for the project. 36 semi-structured interviews and socio-demographic questionnaires were completed with parent/caregiver of a GDTCY between the age of 8 and 17 at one of the following three clinics: Meraki Health Centre, the Children's Hospital of Eastern Ontario and the Health Sciences Centre in Winnipeg. Participants were recruited through purposive sampling. Data were analyzed through open and then axial coding to identify emerging themes in their narratives.

Results and Conclusions

Preliminary analysis of parents/caregivers narratives revealed five themes: the importance of support groups for parents/caregivers and GDTCY, the complex yet essential process of recognizing and accepting the child's gender identity, parents' experiences with clinic staff, parents' unmet needs (e.g. counselling) and the central role played by clinics as a gateway to other services needed to support the GDTCY and the family. Findings emphasize the importance of accessible services within the clinics to support the GDTCY's overall gender journey and improve their access to other services.

Conclusions

This study contributes to better understanding of the experiences of parents/caregivers who accompany their GDTCY for clinical care and contributes to building knowledge in an emerging field. These insights are necessary to shape services and ultimately better support GDTCY in their clinical care.

References:

Katz-Wise, S. L., Ehrensaft, D., Vetters, R., Forcier, M., & Austin, S.B. (2018): Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project, The Journal of Sex Research, DOI: 10.1080/00224499.2017.1415291

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Pullen Sansfaçon, A., Robichaud, M. J., & Dumais-Michaud, A. A. (2015) The experience of parents who support their children's gender variance. Journal of LGBT Youth, 12, 39–63.

Mental health in gender incongruent individuals below 20n years in Norway

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Elsa Almås [1]***, Esben Esther Benestad*** [1]***, Silje-Håvard Bolstad*** [1]***, Tor-Ivar Karlsen*** [1]***, Alain Giami*** [2]

1. *University of Agder,* ***2.*** *INSERM*

Background

"Trans Health and Citizenship: International comparisons" is a project developing in France (INSERM – CESP), Brazil (Instituto de Medicina Social, State University of Rio de Janeiro), Denmark (Aalborg University), Italy (Sinapsi, University Federico II of Napoli), Norway (Dept of Health Sciences, Agder University), and Portugal (ISCTE-IUL, University of Lisboa.

This presentation reveals some results from the Norwegian part of the project, and is part of the symposium: Access to health care among trans population in Europe.

Methods

The questionnaire was translated and culturally adapted to Norwegian, using a forward-backward translation procedure. The Norwegian research group assessed the first translation together with a group of trans* people from different organizations and experienced clinicians in the field, and did semantic adjustments to the items. The final version was tested on a reference group of trans* people before used in the survey. The survey consists of 129 items, aimed to register data on socioeconomic status, gender transition, health, sexuality and discrimination. The anonymous survey was performed digitally through an open website from April 5ththrough August 1st2018 and obtained 538 respondents.

Results and Conclusions

This presentation focuses on the youngest group of respondents, 88 individuals under 20 years of age. The youngest group differ little from the total group on the question concerning being diagnosed for a mental disease: 51,7 percent versus 56 percent. Only 7.1 percent in the youngest group, compared to 14percent in the total group have been diagnosed with a neuropsychiatric disease. 66 percent in the total group versus 63,8 percent in the youngest group have received treatment for psychological problems. 75 percent in the youngest group compared with 46 percent in the total group report having self-harmed on purpose. In the total group, 30 percent report that they often have had suicidal thoughts, In the youngest group the percent is 33,9. 29 percent in the total group report that they have tried to commit suicide, almost all of these (93 percent) report that this happened before they started bodily adjustment. The youngest group report slightly less shame than the total group: 33,3 percent versus 39 percent. 17,3 per cent in the youngest group and 15 percent in the total group report that they still often feel shame.

The data show that the youngest group is not very different from the total group when it comes to psychological problems and feeling of shame. The data show that suicidal thoughts decreases after bodily adjustments. Contrary to many other reports, there are less individuals in the youngest group in this study who report neuropsychiatric diseases.

The results indicate that there is a large, but stable proportion of psychological problems in individuals with gender incongruency. The decrease in suicidal thoughts after treatment indicate that treatment should be offered as soon as it is safe to do so. Self-harm in the youngest group need to be studied further, but can be interpreted as a result of the despair that also can lead to suicidal thoughts, suicide attempts, and unfortunately also probably to successful

suicides in young transgender people.

Pathology reports in a group of trans women after gender-confirming surgery

Thursday, 11th April - 16:30: Attended Poster Session (FOYER)

Tommaso Dragone [1], ***Luca Petruzzelli*** [2], ***Paolo Petruzzelli*** [3], ***Paolo Bogetti*** [4], ***Elisabetta Baglioni*** [4], ***Chiara Manieri*** [5], ***Giovanna Motta*** [6], ***Fabio Lanfranco*** [1]

1. *CIDIGEM (Turin University Hospital Gender Team - Italy),* ***2.*** *Department of Emergency Surgery, Città della Salute e della Scienza, University Hospital, Turin,* ***3.*** *Gynecology and Obstetrics, Department of Surgical Sciences, Città della Salute e della Scienza, University Hospital, Turin,* ***4.*** *Department of Reconstructive and Aesthetic Plastic Surgery, Città della Salute e della Scienza, University Hospital, Turin (Italy),* ***5.*** *University of Turin(Italy), Department of Medical Sciences, Division of Endocrinology, Diabetology and Metabolism.,* ***6.*** *Division of Endocrinology, Diabetology and Metabolism Department of Medical Sciences, University Hospital,*

Background

Testosterone treatment has a pivotal role in the gender-affirming treatment for trans women before and after hysteroannessiectomy and mastectomy, according to the Endocrine Society guidelines (Hembree et al., 2017).
Trans women represent an excellent model to evaluate by one side the effects of long-term androgenic treatment on different tissues (ovaries, uterus, breast). It is still matter of debate whether prolonged testosterone treatment in subjects who refuse surgery is safe on the long term.

Methods

We collected data from 60 transwomen, referring to CIDIGEM (Turin University Hospital Gender Team. Italy), who underwent hysteroannessiectomy and mastectomy between 2004 and 2018.
We evaluated the pathology reports of surgical specimens of ovaries, uterus, breast and we correlated them with the following variables: age, BMI, duration of androgenic treatment, serum testosterone and estradiol levels i) at baseline, ii) 1 year after the initiation of hormonal treatment, and iii) immediately before surgery.

Results and Conclusions

Testosterone treatment had a median duration of 32 months (25 th and 75 th percentile: 27,25-38,75 months). Mean testosterone and estradiol levels registered were respectively i) 0,53 ng/ml and 80,1 pg/ml at baseline ii) 5,13 ng/ml and 47,35 pg/ml 1 year after, and iii) 4,5 ng/ml and 46,5 pg/ml before surgery. Median age at surgery was 30 years (25 th and 75 th percentile: 24-37,5).
Pathology reports revealed increased ovarian volumes in 37,5% comparing to female population with same age.
Concernig ovaries, we reported 63% of cystic follicles,20% of corpora lutea, 38% corpora albicantia, 7% of scleroatrophy . One case of ovarian endometriosis was collected.
Uterine volumes fell within the normal range of nulliparous population. A proliferative endometrium was found in 59% of the sample and endometrial atrophy in 41%. Endometrial polyps and uterine leiomyomas were found in 10% and 23% of trans women, respectivetely.
At examination of breast tissue, focal or extended increase of fibrous tissue was observed in 89% of the patients.
No malignant tissues were observed.
No correlations between testosterone and oestradiol levels in different periods of transition and histological reports were observed. Higher BMI was found in trans women with endometrial atrophy (p=0,01) Older age was correlated to the presence of uterine leiomyomas (p <0,001).

Our data confirmed that prolonged testosterone administration in trans women is oncologically safe. In fact, no malignant findings were observed in our patients in the follow up period.
Whereas testosterone treatment on breast and ovaries has well known effects (breast tissue atrophy and ovarian polycystosis), as described in literature, testosterone effects on the endometrium remain poorly understood.
Therefore, these findings are particularly important to trans women who do not undergo gender-confirming surgery: physicians should inform their transgender patients about the importance of a regular and prolonged clinical follow up.

Religion, Spirituality and Wellbeing for Trans People

Thursday, 11th April - 18:30: Plenary Session II (Michelangelo Ballroom)

Susannah Cornwall [1]

1. *University of Exeter*

Background

This keynote lecture introduces some historical and contemporary responses to trans people from various faith traditions prevalent in Europe, including Christianity, Judaism and Islam, and asks whether and how religion and spirituality may be positive sources of wellbeing for trans people today. It identifies barriers to good spiritual care provision within healthcare systems, and explores how these may be overcome.

Methods

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Results and Conclusions

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Depathologisation: opportunities and challenges

Thursday, 11th April - 19:00: Plenary Session II (Michelangelo Ballroom)

Dinah Bons [1]

1. *Transgender Europe*

Background

Depathologisation is currently the greatest opportunity to improve transpeople's health and well-being. For it to become a reality many agents musttake action: governments, insurers, institutions and professionals. We are atcrucial time: the WHO has taken a clear position to end stigmatisation throughwrongly coding trans identities as mental illnesses, countries and regions arepassing depathologising legislation and healthcare protocols are beingdeveloped. On the other rising populist sentiments across Europe put pressure ontrans people and might distort the historic chance to revolutionize how wethink trans-specific healthcare. TGEU will briefly offer an overview of thecurrent situation in Europe, potential obstacles and give an inspiring outlookof progress that is also taking place.

Methods

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Results and Conclusions

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Becoming myself

Thursday, 11th April - 19:30: Plenary Session II (Michelangelo Ballroom)

Vladimir Luxuria [1]

1. /

Background

Member of Parliament of the 15th Legislature during the Prodi government, she was the first transgender person to be elected to the parliament of a European state. She promoted and was the first to sign the bill of law on transgender rights, and has been committed to LGBT+ rights for many years with the Circolo di Cultura Omosessuale Mario Mieli, where she has served as artistic director since 1993. During this time she was responsible for creating the renowned Muccassassina event, which today still represents a cult event for LGBT+ friendly nightlife in the Capital, and which over the years has hosted international artists of the caliber of David LaChapelle, Grace Jones, Rupert Everett and Alexander McQueen. In July 2012 she gave a talk at the Global LGBT Workplace Summit, an international debate on employment organised in London by OUT and EQUAL, a US organisation engaged in securing workplace equality for the LGBT community. An undisputed commentator on major newspapers and the most important national television programs, she has also written novels and was awarded the Premio Margutta for literature in 2011.

Methods

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Results and Conclusions

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The Year in Review - Mental Health

Friday, 12th April - 09:00: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Tim van de Grift [1]

1. *VU Medical Center*

Background

Invited plenary

Methods

Invited plenary

Results and Conclusions

Invited plenary

The Year in Review: Children and Adolescents

Friday, 12th April - 09:15: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Jiska Ristori [1]

1. *Department of Experimental, Clinical and Biomedical Sciences, Careggi University Hospital, Florence, Italy*

Background

Transgender health care issues in children and adolescents are an increasing matter of interest anddebate at both a clinical and research level. Since these topics are continously changing, the evaluation process and managment of gender diverse youth (andtheir families) need to be regularly reviewed and updated in order to garanteeproper care.

The aim of this presentation is to update the main issues regarding the care of transgender children and adolescents since the last EPATH meeting in 2017.

Methods

An electronic search ofliterature was conducted using the following main search engines: ScienceDirect,Scopus, and PubMed from May 2017 to January 2019. In particular, the followingsearch terms were entered: gender dysphoria, gender incongruence, transgender, and gender variant. These terms were associated with terms relating to child ,adolescent, youth, mental health, diagnosis, using the AND operator.

Results and Conclusions

Several studies were identified. Review articles were not included. In particular, updated data focused on: (1) Changes in diagnostic criteria and debate on the existence of a diagnosis in childhood; (2) Epidemiology; (3) Studies on the proper health care needs of transgender adolescents/children and their families, and (4) Assessment and treatment protocols.

The main results previously underlined in the Results section will be discussed during the presentation, also in light of futher updating process.

The Year in Review: Social Sciences

Friday, 12th April - 09:30: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Sally Hines [1]

1. *University of Leeds*

Background

This talk will highlight the emerging themes of trans – focused work in the Social Sciences.

Methods

Beginning with an overview of concluding points from the 2017 review, the talk will move on to consider key shifts at the levels of the substantive, methodological and conceptual. In addition to addressing published work, the talk will examine Research Council funded projects and postgraduate research on topics around gender diversity.

Results and Conclusions

In conclusion, the talk will position the Social Sciences as a rich and productive discipline through which to engage with central social questions around shifting gendered identities, expressions, experiences and cultures.

The Year in Review: Endocrinology

Friday, 12th April - 09:45: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Gary Butler [1]

1. *Gender Identity Development Service adolescent endocrine clinic and Reproductive Medicine Unit, University College London Hospital*

Background

This review will highlight the key diagnostic, therapeutic and outcome measure endocrine publications since the last EPATH in both adolescents and adults.

Methods

N/A

Results and Conclusions

N/A

The Year in Review: Voice and Communication

Friday, 12th April - 10:00: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Maria Södersten [1]

1. *Karolinska University Hospital*

Background

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Methods

Systematic library searches were performed in the databases Pubmed, Web of Science, and CINAHL using two combined blocks of Mesh terms. The first block contained words related to “transgender” and the second block to words such as “voice, “speech” and” “communication”. The search was limited to the period 2017-2019.

Results and Conclusions

In the first broad search > 600 articles were found in Pubmed and Web of Science. Using a more strictly search strategy, 40 relevant articles were found. Focus of the studies were assessment and outcome measures for trans masculine and trans feminine persons’ voice and communication, results after feminizing voice therapy, and after pitch-raising surgery. The scientific levels of the studies, in what countries they were performed, and the most important results will be reported. Two text books in the field of transgender and non-binary people’s voice and communication were published.

The Year in Review: Surgery

Friday, 12th April - 10:15: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Marta Bizic [1]

1. *School of Medicine, University of Belgrade, Belgrade, University Children's Hospital, Belgrade*

Background

Surgical treatment of gender affirmation (GA) is often the last step in one individual's gender transition. The requirements for surgical treatment include referral letters from two board certified mental health professionals and hormonal treatment under the control of an endocrinologist. Surgical sterilization is still required in some countries to complete bureaucratic requirements for document change, but is no longer proposed for trans men by WPATH SOC7. Since the last EPATH meeting, the surgical approach is evolving in sense to satisfy functionality and aesthetics in patients receiving GA surgery. One stage approach is appreciated by patients and surgeons, but some techniques like phalloplasty require multistaged treatment.

Methods

Electronic search of literature was used for articles published from May 2017 till July 2018.

Results and Conclusions

The majority of papers is regarding genital affirmation surgeries.

The Year in Review - Law

Friday, 12th April - 10:30: Plenary Session III: The Year in Review (Michelangelo Ballroom)

Peter Dunne [1]

1. *University of Bristol*

Background

This keynote presentation provides an overview of legislative, judicial and academic developments in the field of trans rights since 2017. The keynote focuses on the intersection of law, gender identity and medicine. It will address important reforms and new legal arguments on various medico-legal questions, including involuntary sterilization, pathologization and trans parenthood. The keynote aims to give attendees a critical insight into the ways in which - both in Europe and beyond - the relationship between trans rights and medicine is evolving

Methods

N/A

Results and Conclusions

N/A

Prospective evaluation of self-reported aggression after initiation of gender affirming hormones in transgender people

Friday, 12th April - 11:30: Mental Health Session II: Miscellaneous (Michelangelo Ballroom)

Justine Defreyne [1]***, Guy T'Sjoen*** [2]***, Walter Bouman*** [3]***, Nicola Brewin*** [4]***, Jon Arcelus*** [3]

1. *Ghent University,* ***2.*** *Uz Gent,* ***3.*** *University of Nottingham,* ***4.*** *The Nottingham Centre for Transgender Health*

Background

Although research on the relation between testosterone and aggression in humans is inconclusive, guidelines (including the World Professional Association for Transgender Health Standards of Care, edition 7) have warned for an increase in aggression in transgender men upon testosterone administration. However, these guidelines are based on scarce evidence. The aim of the present study was to prospectively examine whether exogenous testosterone therapy increases aggression in transgender men and whether it decreases aggression in transgender women on antiandrogen plus estrogen therapy.

Methods

Every transgender person invited for assessment at a national transgender health clinic in the United Kingdom during a 3-year period (2012-2015) completed self-report measures for interpersonal problems, including levels of aggression (Inventory of Interpersonal Problems [IIP-32]), symptoms of anxiety and depression (Hospital Anxiety and Depression Scale [HADS]), social support (Multidimensional Scale of Perceived Social Support), and experiences of transphobia before and 1 year after the initiation of gender-affirming hormonal therapy. Correlations between prospective scores for the IIP-32 factor "too aggressive" and prospective levels of sex steroids, prospective psychological(HADS), and baseline psychosocial measurements were tested.

Results and Conclusions

Results of 140 people (56 transgender men, 84 transgender women) were analyzed. A prospective increase in scores for the factor "too aggressive" of the IIP-32 in transgender men 1 year after being treated with testosterone treatment or a decrease of the IIP-32 aggression scores in transgender women 1 year after gender affirming hormonal therapy was not found. However, a positive correlation was found between increasing HADS anxiety scores and increasing scores for the IIP-32 "too aggressive" score in the entire study population and a positive correlation with lower support from friends in transgender women.

We conclude that patients and hormone-prescribing physicians can be reassured that the long-term administration of testosterone in transgender men does not increase aggressive behavior. This is the 1st prospective study to assess the effect of gender-affirming hormonal care on aggression. Limitations included the use of different laboratories, the use of a patient-reported outcome measure, and the lack of aggression subtypes. Testosterone therapy was not associated with an increase in levels of aggression in transgender men, antiandrogen and estrogen therapy was not associated with a decrease in aggressive behavior in transgender women. Other psychological and/or social factors, such as anxiety levels, appear to contribute to self-reported aggression in transgender people.

Sleep quality and dream contents in gender dysphoria.

Friday, 12th April - 11:45: Mental Health Session II: Miscellaneous (Michelangelo Ballroom)

Alessandro Neirotti [1]***, Maria Chiara Villa*** [1]***, Chiara Michela Crespi*** [1]***, Giovanna Motta*** [1]***, Alessandra Giordano*** [2]***, Valentina Mineccia*** [1]***, Fabio Lanfranco*** [1]***, Alessandro Cicolin*** [2]

1. *CIDIGEM (Turin University Hospital Gender Team - Italy),* ***2.*** *Sleep Disorder Center, Department of Neurosciences, University of Torino, AOU Città della Salute e della Scienza, Torino, Italy*

Background

Gender dysphoria (GD) is characterized by a mismatch between perceived gender and birth assigned sex. Sleep is important for health, especially mental health. Indeed, several studies prove a relationship between sleep and psychiatric disorders. Subjects with a GD diagnosis are characterized by a high prevalence of associated psychopathologies, in particular anxiety, mood disorders, and suicidality. Some authors assert that GD is due to a body image distortion, but few studies discuss this point of view. According to Domhoff continuity hypothesis, stating that dreams reflect the same thoughts and concerns we have in waking life, it is reasonable to use dream reports coded by Hall and Van de Castle method to evaluate body image and self-perception modifications in conditions involving body misperception. The aims of this study were: 1. to evaluate, in a sample of subjects diagnosed with GD, both the sleep quality and the possible related conditions, such as anxiety, depression and body image dissatisfaction; 2. to evaluate dream contents and their variations during the transition program; 3. to compare the dream contents in trans women and trans men with reference data.

Methods

The sample was composed by 101 subjects diagnosed with GD: 36 recruited during diagnostic evaluation (T0), 33 during gender affirming hormone treatment (T1), and 32 after surgery (T2).
All subjects were asked to fill a week-long dream report form, and 4 questionnaires were administered to evaluate: 1. body image (Body Image Concern Inventory; BICI); 2. anxiety (State-Trait Anxiety Inventory Y1-Y2; STAI Y1-Y2); 3. depression (Beck Depression Inventory II; BDI-II); 4. sleep quality (Pittsburgh Sleep Quality Index; PSQI).
Oneiric contents were analyzed using the coding system invented by Hall and Van de Castle, via a data entry system called DreamSAT.

Results and Conclusions

BICI mean value at T0 was higher than in the Italian population, but we noticed a decrease during hormone treatment, reaching a score similar to the Italian population at T1 and T2. BDI-II results showed a decrease of depressive symptoms between T0 and T1, with lower mean values for trans women at T2. Regarding STAI Y1 results, no significant differences between state anxiety level in different subgroups were found whereas STAI Y2 showed differences at T2 between trans men and trans women and significant lower values after surgery. Every subgroup except trans women at T2 had a mean PSQI value over 5, that indicates a poor sleeper; trans men subjects had a significantly lower sleep quality than trans women at T2. Analysis of dream contents showed differences between different treatment phases, and both trans women and trans men were significantly different in some categories (according to Hall and Van de Castle system) from reference data referred to both genders. In conclusion, we found significant differences in every score, between different phases, different genders or both.

An initiative to combine MRI data in transgender persons to examine structural brain differences: preliminary findings from the ENIGMA transgender persons working group

Friday, 12th April - 12:00: Mental Health Session II: Miscellaneous (Michelangelo Ballroom)

Sven Mueller [1]***, Paul Thompson*** [2]***, Eileen Luders*** [3]***, For The Enigma Transgender*** [4]

1. *Ghent University,* ***2.*** *University of Southern California,* ***3.*** *University of Auckland,* ***4.*** *Persons Working Group*

Background

Previous Magnetic Resonance Imaging (MRI) studies of neuroanatomical differences in transgender persons have consistently identified specific regions that may differ between transgender and cisgender persons. However, with regards to directionality, findings in these regions have been rather mixed, possibly because of small sample sizes, differences in scanner strength, or cultural differences. To mitigate this problem, the ENIGMA transgender persons working group (a subgroup of the ENIGMA [Enhancing Neuro Imaging Genetics through Meta-Analysis] MRI initiative) was founded collating and sharing previously collected MRI data across sites. This presentation will introduce the ENIGMA transgender persons working group and present preliminary findings on brain anatomy.

Methods

Structural MRI data from 10 centers from 9 different countries with a total combined sample size of 894 scans including cisgender men and women and transgender men and women (all adults) were all locally preprocessed (with 3 exceptions) with freesurfer version 5.3. The data were then combined and analysed at the group chair's site in Ghent with SPSS.

Results and Conclusions

Generally speaking, the results of structural anatomical measures (grey matter volume, cortical surface area, and cortical thickness) suggest that the brains of transgender persons are mostly consistent with sex assigned at birth with some differences in variations in patterns across measurements. The benefits of large scale MRI mega-analyses across sites are discussed in unraveling the neuroanatomical correlates of gender identity.

Gender non-binary people's experiences in trans care

Friday, 12th April - 12:15: Mental Health Session II: Miscellaneous (Michelangelo Ballroom)

Aisa Burgwal [1]***, Joz Motmans*** [1]

1. *Ghent University*

Background

Genderqueer and non-binary (GQNB) people (people who do not identify with the gender they were assigned at birth and are also outside the gender binary of male or female) remain largely invisible in health care research. Quantitative data analysing their experiences in health care settings is generally lacking. So far, GQNB people remain largely invisible in health care research in general, as well as in trans-related health research. As to existing literature, there is research showing that non-binary people have poorer health than binary transgender people do, whereas other literature sometimes shows that the binary trans population has worse health than the genderqueer and non-binary population. In any case, genderqueer and non-binary genders are often unknown to, or misunderstood by, health care professionals working with trans people, and this may serve as a reason to refuse access to transition related treatment. The aim of this study is to compare GQNB respondents with binary trans people in five European countries on different health-related topics, such as self-rated health, general well-being, suicide, access to care, and so forth.

Methods

An online anonymous survey targeted at self-identified trans persons aged 16 years or older was conducted in five countries (Georgia, Poland, Serbia, Spain and Sweden). The survey included (amongst others) questions regarding: (1) demographics, (2) background regarding gender and sexual identity, including level of openness, reactions, social support, trans-specific care, (3) general and mental health, including suicidal ideation and attempts, and (4) experiences in health care settings, including discrimination.

Results and Conclusions

The GQNB group rated their overall health significantly more often as bad in comparison to trans men and trans women and showed significantly higher rates of having a chronic problem, illness or disability. When looking at well-being, non-binary respondents also appeared to have much more often a depressive or low mood than trans respondents. Gender non-binary respondents did not differ significantly from trans binary respondents on lifetime suicidal thoughts nor in lifetime attempts. However, when asked about suicidal thoughts within the last 12 months significantly more GQNB people reported to have had suicidal thoughts than the trans binary respondents have. In contrast with trans men and trans women, only a small proportion of the GQNB group ever sought psychological or medical help for their gender identity and more GQNB people indicated to have ever delayed going to the doctor. In addition, GQNB respondents who wanted to access trans care services significantly more often than trans men or trans women did not know where to go. Furthermore, they significantly more often evaluated health care as bad. This study highlights the need to increase awareness on the differences between non-binary trans respondents and binary trans respondents, especially within health care research and services, because it appears that not only non-binary people more negatively evaluate health care, also their health is significantly worse than the health of trans binary respondents.

Exploring gender congruence and body satisfaction in non-binary transgender people

Friday, 12th April - 12:30: Mental Health Session II: Miscellaneous (Michelangelo Ballroom)

Beth Jones [1]***, Walter Bouman*** [2]***, Emma Haycraft*** [1]***, Jon Arcelus*** [2]

1. *Loughborough University,* ***2.*** *University of Nottingham*

Background

Binary transgender people access gender affirming medical interventions to alleviate gender incongruence and increase body satisfaction. Despite the increase in non-binary transgender people, this population are less likely to access transgender health services compared to binary transgender people. No research has yet explored *why* by exploring levels of gender congruence and body satisfaction in non-binary transgender people. Therefore, it was the aim of this study to compare levels of gender congruence and body satisfaction in non-binary transgender people to controls (binary transgender people and cisgender (non-trans) people).

Methods

In total, 526 people from a community sample in the United Kingdom took part in the study (97 non-binary, 91 binary and 338 cisgender). Participants were asked to complete an online survey about gender congruence and body satisfaction.

Results and Conclusions

There were differences in gender congruence and body satisfaction between non-binary and binary transgender people. On sex specific parts of the body (i.e., chest, genitalia and secondary sex characteristics), non-binary transgender people reported significantly higher levels of gender congruence and body satisfaction compared to binary transgender people. However, there was no difference in congruence and satisfaction with social gender role between the two transgender groups (non-binary and binary). Cisgender people reported significantly higher levels of gender congruence and body satisfaction compared to transgender people (non-binary and binary).

There are differences in gender congruence and body satisfaction between non-binary and binary transgender people. Consequently, the gender affirming medical interventions that non-binary transgender people wish to access in order to increase their gender congruence and body satisfaction may be different from that desired by binary transgender people. The implications of this research are that transgender health services need to be more inclusive of non-binary transgender people and their treatment needs, which may differ from those who identify within the binary gender system.

Mental state decoding among transgender adults

Friday, 12th April - 11:30: Mental Health Session IIb: symposium: The intersection of gender diversity and autism (Bramante 8)

Anna van der Miesen [1], ***Behzad Sorouri Khorashad*** [2], ***Annelou de Vries*** [3]

1. *Amsterdam UMC,* ***2.*** *Mashhad University of Medical Sciences,* ***3.*** *VU Medical Center*

Background

Previous studies have reported on co-occurring characteristics of autism spectrum disorder (ASD) and gender dysphoria (GD). One key cognitive characteristic of ASD is difficulty in mentalizing, i.e. attributing and recognizing mental states in oneself or others. Until now it is unknown if mentalizing is altered in transgender individuals.

Methods

We administered the Reading the Mind in the Eyes test, an advanced test of mental state decoding, in 164 transgender adults (mean age = 25.04, SD= 5.88; 92 birth-assigned females and 72 birth-assigned males) compared to 545 cisgender adults (mean age = 25.8, SD = 6.17; 282 women and 263 men).

Results and Conclusions

Analyses revealed that transgender individuals scored significantly lower than cisgender individuals (p = .008, d = -0.238), particularly on recognizing mental states with a negative valence (p < .001, d = -0.39). Patterns of differences between transgender birth-assigned males and females were the same as those between cisgender men and women. As this is the first study to report on advanced mental state decoding in transgender individuals, findings suggest that decreased mental state decoding may be associated with GD across birth-assigned genders. Clinically, our results underscore the importance of paying attention to decreased mentalizing when working with transgender individuals.

Clinicians' perspectives on the co-occurrence of gender dysphoria and autism spectrum disorder: a pilot study

Friday, 12th April - 11:45: Mental Health Session IIb: symposium: The intersection of gender diversity and autism (Bramante 8)

Coralie Fuchs [1]

1. *VU Medical Center*

Background

The co-occurrence of a diagnosis of gender dysphoria (GD) and autism spectrum disorder (ASD) is an area of inquiry by researchers with the vast majority of publications reporting an increase in (symptoms of) ASD in individuals diagnosed with (symptoms of) GD and vice versa. All clinicians may therefore encounter individuals with the sometimes challenging co-occurrence of ASD and gender identity questions. But how comfortable are these clinicians in assessing and/or working with individuals with both GD and ASD and what is their approach? In current literature not much is known on this topic, therefore this pilot study investigates the perspectives of clinicians on co-occurring GD and ASD.

Methods

A questionnaire with both multiple choice as well as open ended questions was used to assess the views of clinicians working with individuals with (symptoms of) GD and ASD on their feelings of competence, their ideas and hypotheses on the co-occurrence, the topics they consider important to discuss during assessment, and their professional needs in improving their approaches. This pilot study included 44 mental health professionals working with different age-groups.

Results and Conclusions

While none of the participants worked in a specialized gender identity service, all had at least some experience with assessment of individuals with (symptoms of) GD and 95.5% had at least some experience with individuals diagnosed with ASD. A total of 72.7% had experience with assessment of individuals diagnosed with ASD for (symptoms of) GD. A total of 22.7% of clinicians would discuss similar topics with neurotypical as well as with individuals diagnosed with ASD. But there were also clinicians (22.7%) who had no idea which topics they should discuss with individuals diagnosed with ASD. Others mentioned that they would take specific aspects of ASD during the counseling into account such as rigid thinking, problems with abstract thinking, and the difficulties during social transition and treatment. Of the clinicians, 51.2% considered themselves competent to talk about gender/GD with individuals diagnosed with ASD because of experience and specific education. A total of 23.3% felt incompetent and 25.6% felt as well competent and incompetent. Being an expert in the separate fields of ASD or GD alone doesn't seem to be enough for clinicians to feel competent in working with individuals with co-occurring ASD and GD. Clinicians assessing and treating individuals with ASD stated that they want to broaden their knowledge of the current state of literature and the different views that exist on co-occurring GD-ASD. Being well-equipped with these scientific findings would enable the clinicians to adapt their clinical guidance on a case to case basis, thereby improving the assessment and care for individuals with co-occurring ASD and GD. During the symposium, clinical implications and future research on this topic will be discussed.

Gender-referred adolescents with autism spectrum disorders

Friday, 12th April - 12:00: Mental Health Session IIb: symposium: The intersection of gender diversity and autism (Bramante 8)

Riittakerttu Kaltiala-Heino [1], ***Marja Työläjärvi*** [1]

1. *Tampere University Hospital*

Background

Research suggests overlap between autism spectrum disorders and gender dysphoria. The present study explored the psychosocial characteristics and development of gender-referred adolescents with ASD.

Methods

The subjects were 106 adolescents consecutively admitted to one of the two gender identity services for minors in Finland. Retrospective chart review was carried out. Data was collected to a structured data collection form focusing on mental health and adolescent development.

Results and Conclusions

Of 106 adolescents (15 assigned boys at birth and 91 assigned girls) consecutively referred to one of the two gender identity services in the country, 19 (18%) presented with ASD, 2 (13%) of those assigned boys and 17 (19%) of those assigned girls. Those with ASD were slightly younger than those without ASD (M age=16.5 (SD=1.0) vs. 16.9 (SD=0.9) years, p=0.05). Pubertal timing was comparable between the ASD and neurotypical groups. Those individuals with ASD more commonly reported gender dysphoria in childhood (24% vs. 4%, p=0.03). The adolescents with ASD had more commonly been loners in childhood (56% vs. 30%, p=0.04) and were more commonly socially isolated at the time of the gender identity assessment (61% vs. 35%, p=0.04), but they did not distinguish from others regarding experiences of bullying. The individuals with ASD less commonly had experiences of dating or steady relationships (33% vs. 71%, p=0.007) and had less commonly experienced kissing (24% vs. 69%, p=0.001) or intimate sexual contact with a partner (11% vs. 44%, p=0.005). Individuals with ASD displayed or had more commonly a history of suicidal and self-harming behaviour (74% vs. 49%, p=0.05) and psychotic episodes (37% vs. 8%, p=0.003) but did not differ from the neurotypical group regarding depression, anxiety, ADHD, conduct disorder or substance use. After the first line assessments, a greater proportion of the adolescents with ASD compared to the neurotypical adolescents were not immediately eligible for medical treatments of gender dysphoria due to severe psychiatric problems (84% vs. 40%, p=0.002).

Conclusion: Gender-referred adolescents with autism spectrum disorder display delays of adolescent development that are typical for autism, and this poses a challenge to assessing identity development.

Autistic traits in young people presenting to the Gender Identity Development Service: prevalence and trajectories over time

Friday, 12th April - 12:15: Mental Health Session IIb: symposium: The intersection of gender diversity and autism (Bramante 8)

Sophie Landa [1]

1. *The Gender Identity Development Service, Tavistock and Portman NHS Trust*

Background

Several papers have explored the prevalence of the co-occurrence of autism spectrum condition (ASC) and gender dysphoria in children and adolescents. For example, drawing on samples from gender identity clinics for children and young people, findings include: 7.8% of young people meet criteria for ASC (de Vries et al., 2010); and over 40% of young people score in the clinical range on a screening tool for ASC (Skagerberg et al., 2015; Vanderlaan et al., 2015). In the context of this rapidly evolving field, it is important that clinicians and researchers have up to date information of the prevalence of ASC in young people attending gender services, including changes over time in the presentations of young people with autistic traits.

Methods

This paper will use quantitative methodology to analyse recent routine clinical data on autistic traits collected at the Gender Identity Development Service, as measured by the Social Responsiveness Scale. It will explore the prevalence of autistic traits and whether profiles on the Social Responsiveness Scale are related to birth assigned sex and other relevant factors such as social and psychological functioning. Changes in presentations over time will be investigated, including changes in Social Responsiveness Scale scores for young people referred to GIDS from 2012-2013 and 2016-2017.

Results and Conclusions

Non-significant differences were found in SRS scores between the two time-points. SRS scores were found to be significantly higher in individuals who were birth assigned female, with significantly more of these individuals scoring within the clinical range. Higher scores on the SRS were significantly associated with lower levels of social and psychological functioning as measured by the CGAS. The implications of these findings will be discussed with reference to clinical practice at the Gender Identity Development Service and child and adolescent mental health services, making broader links to neurodevelopmental theories of autism symptomatology. Areas for future research indicated by these results will be considered, including potential limits of screening tools as a method to understand autistic traits in young people who have additional psychosocial needs.

Are persons diagnosed with gender dysphoria and autism spectrum disorder treated in a different way compared to persons diagnosed with gender dysphoria without autism spectrum disorder? Results from clinical chart data and a self-assessment questionnaire.

Friday, 12th April - 12:30: Mental Health Session IIb: symposium: The intersection of gender diversity and autism (Bramante 8)

Gunter Heylens [1]***, Simonne Holst*** [1]***, Mileen Mellemans*** [1]***, Els Elaut*** [1]***, Karlien Dhondt*** [1]

1. *Department of Sexology and Gender in Ghent, University Hospital Ghent, Belgium*

Background

Several studies have suggested that gender dysphoria (GD) and autism spectrum disorder (ASD) co-occur more often than by chance both in children and adolescents as in adults (Van der Miesen et al, 2016; Glidden et al, 2016; Heylens et al, 2018). Wether the link between GD and ASD is real, or merely due to e.g. variety in methodology, social deficits related to non-ASD psychosocial challenges associated with GD,... is unclear (Turban et al, 2018).

With regard to the effect of co-occurent ASD in persons with GD on gender affirming treatment (GAT), even less is clear. Strang et al (2016) suggest there may be a more extended diagnostic period and clinical decisions may proceed more slowly, although this has never been investigated.

To our knowledge, this is the first study to explore the impact on clinical decision making of co-occurent ASD in persons diagnosed with GD attending a gender clinic. A second aim was to gain information regarding the perception of genderdsyphoric persons towards their treatment trajectory.

Methods

To explore the first research question, clinical chart data were used. A group of persons (N = 30) diagnosed with GD and ASD has been compared to a control group (N = 502) consisting of individuals diagnosed with gender dysphoria, but without ASD. Statistical methods has been used to find out whether GAT differed significantly in the first group compared to the second group.

Information on the perception of persons diagnosed with GD and ASD towards their treatment trajectory, was gained through a self-constructed questionnaire. The questionnaire was filled out by 13 of the 30 patients. This questionnaire consisted of 10 questions, of which 7 questions were attended to the patients, and 3 to family or relatives.

Results and Conclusions

Since data analysis is still ongoing at present, results regarding the first research question are not yet available. As an exemple of the results collected from the self-constructed questionnaire: On the question whether the ASD diagnosis has affected their treatment trajectory, 61.8 % answered that they did not think this was the case. The large majority (91.7%) of family or relatives perceived a positive evolution with regard to psychosocial well-being.

Preliminary results show that, at the subjective level, persons diagnosed with both GD and ASD are overall positive regarding the course of their GAT. Further data analysis will reveal how co-occurring ASD in persons diagnosed with GD affects the treatment trajectory. These findings can be important to optimalize the care for patients diagnosed with GD and ASD.

A psychological support group for parents as intervention tool in the care of families with gender diverse children.

Friday, 12th April - 11:30: Children & Adolescents Session II: Transgender adolescents and their families (Bramante 7)

Angela Caldarera [1]***, Sarah Davidson*** [2]***, Laura G. Terrana*** [3]***, Filippa D. Campagna*** [4]***, Benedetto Vitiello*** [4]***, Chiara Baietto*** [3]

1. *University of Torino,* ***2.*** *The Gender Identity Development Service, Tavistock and Portman NHS Trust,* ***3.*** *Struttura complessa Neuropsichiatria, Dipartimento di Scienze della Sanità Pubblica e Pediatriche, Presidio Infantile Regina Margherita AOU Città della Salute e Scienza di Torino,* ***4.*** *Struttura complessa Neuropsichiatria, Dipartimento di Scienze della Saità Pubblica e Pediatriche, Presidio Infantile Regina Margherita AOU Città della Salute e Scienza di Torino*

Background

In Torino, within the Pediatric Hospital Regina Margherita, a specialized service for gender diverse children, adolescents and their families was set up in 2009. The service grew up across years, and operates with a multi-professional approach, focused on supporting psycho-social wellbeing of the referred young people and families. Parenting a gender diverse child may be a challenging experience according to different studies and approaches (Gregor, Hingley-Jones, & Davidson, 2014; Riggs & Due, 2015), and the possibility of working in group with other parents showed positive effects (Di Ceglie, & Thümmel, 2006; Menvielle, 2012).

Methods

We set up a psychological support group for mothers and fathers of gender diverse children and adolescents who attend the Service. The group meetings, led by a child psychiatrist and a clinical psychologist, are held on a monthly basis. In order set a process evaluation, we prepared two documents to be administered to the participant parents: (1) a short form where to report the relevant themes that come out across the sessions, and (2) a semi-structured feedback questionnaire, including four items with answers on a Likert scale, and five open-ended questions about helping and difficult aspects of the participation to the group, adapting the questionnaire from the form proposed in Di Ceglie and Thümmel, 2006. We presented the study to the parents group in September 2017 and ask to those who agreed to participate to fill-in the short-form about the main themes relevant to them across the sessions after six months (March 2018), and to fill-in the semi-structured questionnaire in September 2018. 12 parents accepted to participate. Answers to the Likert scales were analyzed through descriptive statistics (SPSS.25), and answers to the open-ended question were analyzed through a thematic approach.

Results and Conclusions

As regards the short-form administered after six months, parents report themes relevant to all of them, related to the importance of sharing experiences with others and the hope; the process of inner change about the way they deal with gender identity issues and the way they feel in the relation with their children; the possibility of looking at their child as a complex human being with many characteristics, and not exclusively defined by gender behavior and identification; the enrichment they felt in going beyond a binary view of gender.

As regards the feedback questionnaire, all participants reported high levels of perceived help from the participation to the group in understanding their child's gender identity; in meeting other parents; in feeling less isolated; and in the change of approach in dealing with the child gender identity issues. Our results showed that the participation in the group made it possible for the parents to achieve a better understanding and thus acceptance of the situation, and to improve the relation parents-children. The psychological support group, with respect to this group of partic-

ipants, was a useful tool in the clinical work with the children diagnosed with gender dysphoria and their families.

Siblings' matters: the impact of coming out in siblings' relationships

Friday, 12th April - 11:45: Children & Adolescents Session II: Transgender adolescents and their families (Bramante 7)

Maddalena Spirito [1], ***Patrizia Petiva*** [1]

1. *Polo Clinico e di Ricerca di Torino*

Background

While the scientific literature about gender variant children and adolescents focuses mainly on the child diagnosed with gender dysphoria and on the parental couple, less attention is payed to the siblings and their relational dynamics.

Siblings are considered too often exclusively depending on their gender variant brother's/sister's condition, as satellites which gravitate around Dysphoria Planet. Instead, the fraternal relationship is an important support for the family system.

In one of our articles (Petiva, Spirito, 2015) we defined the coming-out of the gender variant adolescent as a developmental crisis which involves the entire family system. During this phase, the whole family is emotionally involved. For the adolescent, the family can represent a crucial source of competences, encouragement and resilience.

Methods

Our methodology uses mainly an integrative approach and the Asen and Fonagy's model.

Families have access to the psychotherapeutic treatment, a ten-sessions path completely free, through two hospital team. The connection between the parts is guaranteed by scheduled meetings.

In this case study, based on the analysis of the clinical process during family therapy, we took into consideration 12 families, which showed these characteristics:

- Average age of the adolescent: 16 years old
- Siblings' average age : 13, 6 years old
- Trans men: 7
- Trans women: 4
- 1 case wasn't part of diagnostic parameters

Families signed informed consent and a document describing data use according to the new European regulation.

Our team is composed of 4 systemic psychotherapists with specific training about developmental psychology and atypical gender identity development.

Results and Conclusions

In the last two years part of our work has been focused on the siblings system after the coming-out.

As regards the temporal dimension, we observed the modification of the relational dynamics within and outside the family system since the coming-out. In this time frame the siblings' system, as well as the whole family system, redefines its internal dimension and its relationships towards other reference points (parents, school, society). Moreover, it faces loss processing, and accomplishes acceptance and support tasks.

Helping siblings to express and comprehend their emotional states in a safe and empathic environment is indispensable during this phase.

Parents can sometimes express strong opposition about the involvement of their other children during therapeutic sessions. In their opinion, the child, especially if younger than the gender variant adolescent, should be left cau-

tiously at home in order to protect him/her from traumatic disclosures or because he/she couldn't understand the situation. In these cases, we noticed some behavioral patterns: a strong involvement into the parent/child relationship; fear for the loss of parental authority; experiences of exclusion. Consequently, when we work with siblings we carefully avoid unintentional rivalry between therapists and parents.

As regards the relationship between siblings, the older can be a reference point for the younger gender variant child, especially regarding friendship dynamics. Conversely, the family system tends to exclude the younger siblings from the dynamics started by the coming-out of the older one. As a consequence, younger siblings can experience social difficulties, transgressive behaviors, bullying episodes towards peers.

Evaluation of GenderEd.ie, an online education programme to support families of trans young people in the Republic of Ireland

Friday, 12th April - 12:00: Children & Adolescents Session II: Transgender adolescents and their families (Bramante 7)

Danika Sharek [1]

1. *Genio*

Background

When a young person identifies as trans(gender), this may raise issues for the entire family. The literature has suggested that access to appropriate education and information may positively impact on families of trans young people. However, there is a lack of robust evidence about the impact of such education programmes. This study aimed to contribute to the evidence base and this presentation details the results of a mixed methods evaluation of an online education programme titled '*GenderEd.ie*'. *GenderEd.ie* is an eight-module online education programme which aims to provide basic information to families of trans young people in the Republic of Ireland. It was designed in collaboration with professionals, families, and trans young people.

Methods

The evaluation employed a convergent, mixed methods approach to evaluate the education programme. Quantitative surveys were collected at two time points (pre-education programme and post-education programme) to assess the impact of the education programme on a number of areas including: trans-related knowledge, self-reflection and insight, family communication, family problem-solving, self-efficacy, and views of gender identity. In-depth, semi-structured, qualitative interviews were conducted to explore families' experiences with the programme, its perceived impact, and their recommendations for improving it. In total, eight family members completed the pre-education programme and post-education programme surveys and eight family members participated in interviews.

Results and Conclusions

Statistically significant changes were found in terms of overall scores on trans-related knowledge from pre-education programme to post-education programme, and on six of the individual knowledge topics. No statistically significant changes were found on any of the other measures. Interview participants described the positive aspects of the programme, including that it was easy-to-use and accessible, with comprehensive trans-related information. The majority of interview participants reported learning something new from the programme; however, they reported fewer soft skills gained from the programme.

The findings from this study add to the evidence base about the impact of an education programme on families' trans-related knowledge. The study was limited by the use of non-probability convenience sampling methods based on a small, non-representative sample of those most likely to be supportive of a trans family member. The findings have implications in terms of theory, policy, service development, and education and practice. The study also highlights a number of opportunities for future research. In conclusion, this study has demonstrated that an education programme designed and developed through participatory methods has the potential to help positively support families and trans young people.

Trans youth and their families, very first data in French-speaking Switzerland

Friday, 12th April - 12:15: Children & Adolescents Session II: Transgender adolescents and their families (Bramante 7)

Adèle Zufferey [1]***, Denise Medico*** [2]***, Gabriel Galantino*** [3]***, Annie Pullen Sansfacon*** [4]

1. *M.Sc., Agnodice Foundation,* ***2.*** *Ph.D., Université du Québec à Montréal (UQAM), département de sexologie,* ***3.*** *M.A. cand., Université du Québec à Montréal (UQAM), département de sexologie,* ***4.*** *Ph.D., Université de Montréal (UdM), School of Social Work*

Background

Introduction

Trans youth pose an emerging social and medical question in the French speaking part of Switzerland. There is total lack of knowledge on their lives, well-being, vulnerability and needs. Medical institutions are just beginning to address the growing demand from families and youth.

Aim of the study

This study aims at providing understanding of how and what are the experiences of trans youth and their families in the area of health, family support, school and social integration.

Methods

Methodology

A qualitative grounded theory methodology was adapted from a Canadian research on trans youth to Swiss culture and context. We conducted 20 semi-directive interviews. Ten French-speaking Swiss families participated and interviews were performed separately with parents and youth (8 to 21). Data were analysed horizontally by themes and vertically by family.

Results and Conclusions

Results

Our results show that families are in distress and have the feeling they have to fight for their children to obtain access to medical care. One of the main issues is the lack of knowledge and non-supportive practices they meet in medical institutions. Notwithstanding the fact that the parents are supportive and have to inform or even teach medical staff, some mistreatment by psychotherapists, psychiatrists and nurses in psychiatric institutions are reported. The experiences in school settings, broader family and with other youth are contrasted and associated by parents with a positive social change. Nevertheless, youth show a greater degree of mental distress, suicidal tendencies, automutilation and school drop off.

Conclusion

This study indicates that access to more supportive and affirmative healthcare is the actual key issue for trans youth and their families.

Attitudes towards sexual rights of transgender people

Friday, 12th April - 11:30: Social Sciences Session II: FISS Symposium: Attitudes and stigma towards transgender people in Italy (Bramante 10)

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Background

Only recently the importance of Sexual Rights (SR) has been discussed at the international level and the issue has recently entered into public debate. In addition SR of both trans women and trans men appear to be far behind those of other minorities, probably because of the lack of knowledge among people, which often causes unfounded prejudices. Aim of this study was to analyze the level of agreement of Italian people with the SR of transgender people and to verify if some characteristics of the population, such as gender, being from northern or southern region, age, being male or female, undergraduates, non-believer or churchgoers, were associated with a lower SR recognition.

Methods

An online anonymous questionnaire was realized to collect demographic data and information about the level of agreement/disagreement (on a 6-point likert scale), with statements regarding the right for trans women and trans men, to show in public their own sexual identity, to practice a satisfying sexuality, to marry, to adopt a child. Non-parametric statistics were used for data analysis.

Results and Conclusions

979 people (703 women and 276 men, mean age 35,44 ± 11,69) fulfilled the questionnaire. 12% of the sample declared to be against the marriage for both trans women and trans men and against the adoption by couples were one of the partner is a trans women and in the case of trans men the percentage arise to 28%. On the characteristics of respondents that affect the recognition of SR: Be female, graduated, younger than 30, non-believer or not church going and non-eterosexual, with respect to males, heterosexuals, under-graduated, believer church going, was correlated to a major recognition of the right to satisfying sexuality ($p<.05$) to marry ($p<.05$) and to adopt for both MtoF and FtoM ($p<.05$). These sociodemographic characteristics are also linked to lower intolerance toward SR of homosexual and bisexual orientation. Finally, people from northern Italy declared higher accordance with the sexual right to freely show their own sexual identity in public by trans women and trans men ($p<.05$). Conclusions SR recognition seems heavily affected by some characteristics of people among which instruction, age and religiosity gender and sexual orientation. This could drive the next diffusion of SR policies in addressing specific educational interventions to those categories of people at greater risk of intolerance toward SR.

Microaggressions towards sexual minorities in early-career psychologists

Friday, 12th April - 11:45: Social Sciences Session II: FISS Symposium: Attitudes and stigma towards transgender people in Italy (Bramante 10)

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Background

In Western culture, overt forms of discrimination have become increasingly less accepted and socially desirable, leaving space for more subtle forms of discrimination. Nadal (2012; 2013) refers to the construct of microaggression to explore these kind of experiences in LGBT people. The present study aims at investigating to what extent these subtle forms of prejudice are perpetrated by mental health professionals, in their clinical interaction with a fictitious trans client.

Methods

We recruited a sample of students graduated in psychology (N=84). They were asked to listen to an audiofile of a woman (trans vs. lesbian vs. straight) introducing herself during the first session with a therapist. Their task was simply to write down from five to ten questions they would have asked the client in order to form a clinical impression. After that, three different raters evaluated independently all the written material produced and rated from 0 to 1(0=no microaggression; 0.5=possible microaggression; 1=microaggression) the presence of subtle aggressions in every statement.

Results and Conclusions

30,9% of the sample produced at least one microaggressive question (rated as such by at least two out of three raters). Averaging the total score of microaggressions for every participant, no difference was found comparing participants in the lesbian client condition and those in the trans client condition. Our results suggest that early-career psychologists are not immune to subtle forms of prejudice, like microaggressions, that have negative consequences for minorities (Testa, 2012; Bockting et al., 2013). The transgender population and the other sexual minorities already undergo a higher amount of stress in their daily life (Bockting, 2013). Psychologists and other healthcare professionals, that are expected to provide support in a non-judgemental environment, should be properly trained and educated about the specific needs of minorities, with the purpose of not perpetrating the experiences of discrimination and harassment LGBT people are exposed to in their lives.

Attitudes towards children's gender-related behavior in a group of Italian parents: socio-demographic correlates and association with parental ratings of boys' and girls' rule-breaking behavior.

Friday, 12th April - 12:00: Social Sciences Session II: FISS Symposium: Attitudes and stigma towards transgender people in Italy (Bramante 10)

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Background

Research on parental attitudes towards children's gender-related behavior showed a parents' differential treatment of girls versus boys (McHale, Crouter, & Whiteman, 2003), and a negative association between felt pressure to conform to gender norms and psychological adjustment of the children (Egan & Perry, 2001). Ruble (2008) as well underlined how the conformity to stereotypes may not necessarily be healthy. The literature also showed the importance of cultural context in these issues, and the need of conducting research about this issue among different countries (Turner, & Gervai, 1995). Nevertheless, to this day, a quantitative study about this issue on Italian families has not been published yet. This study aims to (1) test socio-demographic correlates of parental attitudes surrounding children's gender behavior; (2) test the relation between such attitudes and parental ratings of children's behavioral difficulties.

Methods

After receiving the approval of the University Bioethics Committee we recruited mothers and fathers of 464 children, aged 6-12 (M=9.55; SD=1.85). Parents filled in, upon informed consent, a set of questionnaires including a socio-demographic form, the Sex-Biased Parenting Style Scale (SB, Turner & Gervai, 1995), and the Child Behavior Checklist 6-18 (CBCL, Achenbach & Rescorla, 2001). The Italian version of the SB scale was created with the translation/back-translation method (Cronbach's alpha .84).

We tested demographic characteristics of the group of participants, differences and association between variables through descriptive and multivariate statistics; as regards reported levels of children's behavioral difficulties, the predicting role of parental traditionality was tested through a simple linear regression model. All analyses were performed by using the software SPSS.25.

Results and Conclusions

Mothers showed lower levels of traditionality compared to fathers (t=4.46, p<.001); differences between attitudes traditionality towards boys and towards girls were not significant. A One-way ANOVA confirmed the effect of education on levels of traditionality of attitudes towards children's gender-behavior both for fathers $F(5,456) = 5.76$, p<.001 and for mothers, $F(5,454) = 8.40$, p<.001.

Correlations between levels of traditionality of parental attitudes and parental ratings of children's behavioral difficulties showed a positive association between SB and the Rule-Breaking Behavior Scale of CBCL only in the girls subgroup for fathers (r=.19, p<.01) and mothers (r=.30, p<.01). The regression model, with the Rule-Breaking Behavior Scale as a dependent variable and levels of traditionality as predictor, was significant only for girls both in the fathers group ($F(2,233)= 4.54$; p<0.01) and the mothers group (F(2,233)= 11.42; p<0.001). Results showed that parental levels of traditionality predicted paternal (β=.19, p<.01) and maternal ratings (β=.30, p<.01) of girls' Rule-Breaking Behavior.Our findings indicate a complex relation between parental attitudes towards children's gender-related behavior, education level and sex assigned at birth (both of parents and of children) which needs to be further ex-

plored with interactional models. In addition, our results raise the need of understanding, through future studies, whether traditionality has an influence on the way parents appraise child behavior, or children with more traditional parents tend to react with more rule-breaking behavior to the felt pressure to conform to gender stereotypes.

The impact of negating or transcending gender on our relationship with a Trinitarian God and the Church

Friday, 12th April - 11:30: Social Sciences Session IIb: representation, religion and phenomenology (Bramante 11)

Shanon Ferguson [1]

1. *Roehampton University*

Background

The gender binary is firmly fixed in Western thought but where did it come from? With the biological/medical information now available we are much more aware that physical bodies are more nuanced than a simple either/or (male or female) and that sex/gender differences can be found as much between the ears as between the legs. So why do we still cling so tightly to the idea of a gender binary?

In the first book of the Old Testament for Christians and the Pentateuch for Jews (Genesis), we are given two accounts of how humans were created and these texts are used to provide endless support for the subordination of women, the complementarity of the sexes, and heteronormativity.

A great deal of weight is placed upon the notion that people are made in the image of God and this is linked in Scripture with being male or female. This proves to be a hurdle for those who understand their gender as either neither male nor female or both male and female. Research has shown that feeling you are not made in God's image and have no place in Scripture or the Church can have a serious impact on a person's mental health and spiritual well being.

Methods

20 interviews were conducted with people who self-identify as non-binary and were brought up in a European Christian environment. 18 of the participants were recruited through groups that the researcher already had a relationship with, such as ILGA Europe, the European Forum of LGBT Christian Groups, the Metropolitan Community Church, and Bar Wotever. The remaining 2 participants heard about the research through either an existing participant or another researcher.

11 of the participants also currently attend church though none of them attend the denomination they attended as children. All but one follow some form of spiritual practice.

These interviews led the research in keeping with grounded theory. The interviews were semi-structured allowing the participants to tell their own stories.

Results and Conclusions

These are still under investigation but preliminary findings show that non-binary people have a deep desire for a spiritual connection and that this is important for their mental well being. Finding themselves in Scripture and valued by God are important factors. Understanding eunuchs as possibly trans or intersex and having a place in the realm of God and the ability to teach others about identity was also important. A critical finding was the importance placed upon being part of a church community and what is needed to feel truly welcome - participation and visibility.

I am still researching Scripture and how the church has and is addressing gender in all its manifestations.

Self-stigma, psychological distress and regular-, spiritual-, and religious coping among transgender people in the Netherlands

Friday, 12th April - 11:45: Social Sciences Session IIb: representation, religion and phenomenology (Bramante 11)

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1. *Open University / VUMC,* ***2.*** *Open University of the Netherlands*

Background

Transgender people face minority stressors like stigmatization and victimization (Testa et al., 2012; Boza & Perry, 2014). Being stigmatized may lead to self-stigmatization. This includes the fear for stigmatization, as well as the potential internalization of negative beliefs and feelings associated with the stigmatized condition (Bos, Pryor, Reeder, & Stutterheim, 2013). Self-stigma causes psychological distress and can lead to psychopathology (Herek, Saha, & Burack, 2013). Self-stigma can also negatively influence existential fulfillment and meaning making (Ehrlich-Ben Or et al., 2013; Hasson-Ohayon et al., 2014)

Spiritual and religious coping strategies among transgender people, are an underexposed theme. Spirituality refers to the connectedness to the moment, to oneself, to others, to nature and to a larger meaning or presence like 'the significant' or 'the sacred' (De Jager Meezenbroek et al., 2012). Religion is to be understood as a special expression of spirituality (Puchalski, 2012). Concerning regular coping styles, research suggests that active emotion-focused coping and avoidant coping are associated with the influence of self-stigma on psychopathological symptoms (Man, 2013). The present study examined the relationships between self-stigma and psychological distress and the mediating influence of spiritual-, and religious-, and regular coping strategies, among transgender people in The Netherlands.

Methods

We conducted a cross-sectional survey among 128 adult transgender persons. Participants were recruited through transgender associations and leaflets in waiting rooms of various gender teams in the Netherlands.

Self-stigma was measured by means of the Internalized Stigma of Mental Illness scale (Boyd Ritsher, Otilingam, & Grajales, 2003) and the Transgender Identity Survey (Bockting, 2017). Psychological distress was measured using the Symptoms Check List 90-R (Arrindell & Ettema, 2005), while regular coping has been measured using the Utrecht Coping List (Schreurs, van de Willige, Brosschot, Tellegen, & Graus, 1993). To measure spiritual coping and religious coping the Spirituele Attitude en Interesse Lijst (De Jager Meezenbroek et al., 2012) and the *Brief* RCOPE (Pargament, Feuille, & Burdzy, 2011) were used.

Ethical approval for this study was obtained by the ethics board of the Open University.

Results and Conclusions

Self-stigma was positively related to psychological distress. Active emotion-focused coping and active problem focused coping did not mediate this relationship nor did (positive or negative) religious coping. Avoidant coping was positively associated with both self-stigma and psychological distress and did mediate the relationship between self-stigma and psychological distress. Spiritual coping also mediated this relationship: self-stigma was negatively associated with spiritual coping, which in turn was negatively associated with psychological distress.

Self-stigma appears to have a detrimental impact on the psychological well-being of transgender people. More research on the determinants of self-stigma and the effect of coping strategies in this group is recommended, including spiritual coping as a way of countering self-stigma influence.

Finally, theory and evidence based interventions should be developed to reduce stigmatization and self-stigmatization of transgender people (Bos et al., 2013). In these interventions spiritual coping deserves attention.

Queer Rebel, Human Rights and Guardianship: What do these discourses tell us about clinical work with gender diverse youth?

Friday, 12th April - 12:00: Social Sciences Session IIb: representation, religion and phenomenology (Bramante 11)

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Background

Recent approaches of systemic psychotherapy, commonly known as family therapy, are predicated on values of social justice and human rights. Most systemic writing on gender diverse youth sees therapy as a political stance, arguing the need to explore socio-political contexts. The affirmative approach features strongly in the systemic literature. Paying attention to socio-political contexts and their contribution towards systemic psychotherapy, this research explored which discourses were drawn on during a public parliamentary debate on transgender youth equality in the UK. This debate was part of a lengthy consultation on transgender experience in the UK by the 'Women's and Equalities Committee' which went on to make recommendations to the government. Uniquely, the debate consisted of participants from a range of positions, including politicians, a clinician and trans activists.

Methods

Trans communities have repeatedly expressed their preference for qualitative research in the context of historically pathologising research (Staunton, Tacconelli & Rhodes, 2009). Therefore, this research used Foucauldian discourse analysis, which is situated within a post-positivist and social constructionist epistemology. It pays attention to how language constitutes subjectivity and the researcher's self-reflexivity.

The parliamentary debate of the women's and equalities committee in 2015 on transgender youth was transcribed and discourses of gender identity were identified and analysed according to Willig's six stages of Foucauldian discourse analytic research.

Results and Conclusions

The research identified a number of aligning and conflictual discourses of gender identity in relation to gender diverse youth:

1. Essentialist self discourse
2. Medical discourse
3. Queer rebel discourse
4. Human rights discourse
5. Neoliberal discourse

In addition, discourses of adolescence were pervasive. These included:

1. Bio-psycho-social discourses of adolescence
2. Guardianship discourse

Some discourses, such as the essentialist account, centred around validating the existence of young people's deeply felt gender identity in a battle to be recognized as intelligible human subjects. They highlighted the need to see

young people's essentialist accounts as embedded within historical contexts of oppression. The queer rebel discourse offered challenges to institutional normativity and taken for granted knowledge. Together, the queer rebel, human rights, neoliberal and medical discourses were used in powerful ways to argue for medical interventions for gender diverse youth. Most of these discourses, with the exception of the medical discourse, challenged gender clinics as institutions and advocated for an informed consent model. However, discourses of adolescence which were marked by uncertainty and vulnerability, such as the guardianship discourse and the psychological discourses of adolescence, offered a counterpoint to the call for medical interventions. These discourses emphasised a developmental trajectory and were subjugated discourses during the debate.

Overall, these findings highlight the importance of attuning to socio-political-historical contexts when working with gender diverse youth. Some discourses pointed towards the need to question (cis/hetero)-normative practices of therapy, teaching and supervision within the field. Others suggested that current affirmative models contain no discourses of adolescence, such as accounts of uncertainty and vulnerability, and may need to be tailored more specifically to gender diverse youth.

First name choice as part of the transition process: a phenomenological approach

Friday, 12th April - 12:15: Social Sciences Session IIb: representation, religion and phenomenology (Bramante 11)

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Background

First name choice in transgender and gender diverse people is part of the social transition process and is considered to be an important step in affirming gender identity. For example, chosen name use is showed to be linked to reduced depressive symptoms, suicidal ideation and behaviour among transgender youth, researchers found. But even if name change is associated with reduced mental health risk, many trans and gender diverse people are unable to use their chosen name for legal or interpersonal reasons. Choosing and legally changing name can also represent a part of a subjectivation process, as the chosen name may become the metaphor of who a person is meant to be.

Methods

This qualitative research was designed according to Interpretative Phenomenological Analysis (IPA); IPA is a widely used approach in medical psychology which, through an in-depth interpretation of individual narratives, allows conceptualising the essence of how people give meaning to an experience and understand the world around them. Participants were recruited from the Gender Dysphoria Consultation in Liaison Psychiatry Unit in Lausanne University Hospital. Persons who were followed-up at Gender Dysphoria Consultation were informed about the ongoing study by their liaison psychiatrist; written information about the aims of the study was provided; the first author contacted them by phone once they expressed their consent to participate. A written consent was also signed. A sample of nine transgender persons, both trans-women and trans-men, was constituted. Data collection was based on a semi-structured questionnaire which was designed for the study and verbatim reports of the interviews were analysed. The aim of the analysis process using IPA is to detect the main themes and their interconnections in order to formulate an interpretative hypothesis; in the final stage of the research, the hypothesis will be discussed in a focus group with two psychiatrists experts in order to reach an agreement on the clinical relevance of the results.

Results and Conclusions

Current preliminary analysis shows that the name choice process in transgender people might be seen as the result of the interlacement between the sense of self-continuity, the perceived body metamorphosis under hormonotherapy and surgery, the desire to break with a painful experience and the opportunity to integrate the complex transition experience in the family dynamics.

Bone mineral density assessment in a group of trans men and trans women after gender affirming surgery

Friday, 12th April - 11:30: Endocrinology Session II: Monitoring (side-)effects of hormonal treatment (Bramante 14)

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Background

Sex steroids play a pivotal role in bone growth and bone density maintenance in both sexes (Almeida et al., 2017). Gender affirming treatment and hormonal replacement therapy after gender confirming surgery in trans women and trans men have an impact on body composition, bone mass and bone density (Hembree et al., 2017; Van Caenegem and T'Sojen, 2015).

Bone health is a critical issue in transgender health care. However, conflicting results on bone turnover parameters have been reported up to now, and only a few studies have evaluated the effects of hormonal replacement therapy after gender confirming surgery on bone metabolism (Hembree et al., 2017).

Aim of our study was to evaluate the effects of hormonal replacement therapy on bone metabolism in a population of transgender persons, after gender confirming surgery.

Methods

Thus, we retrospectively measured lumbar spine bone mineral density (BMD), using dual energy X-ray absorptiometry (DXA), and hormonal levels in a group of 57 trans women and 31 trans men referring to the gender dysphoria outpatient clinic (CIDIGEM) of our Institution.

All trans women were evaluated during estrogen replacement therapy (ERT) and all trans men during testosterone replacement therapy (TRT), at least 2 years after gender confirming surgery.

All causes of secondary osteoporosis were ruled out. Patients' compliance to ERT was defined according to medical history and to hormonal assays.

Results and Conclusions

Prevalence of low bone density, as defined by a Z-score ≤ -2 according to DXA criteria (Watts et al., 2013), was 40.4 % in transgender women (group 1) and 6,4% in transgender men (group 2).

In group 1 serum 17- β estradiol levels were significantly lower (34.7 ± 36.2 pg/ml vs 67.7 ± 40.2 pg/ml; $p<0.001$) and a higher prevalence of low compliance to ERT was recorded (82% vs 29%, $p < 0.0001$) compared to trans women with normal bone mineral density (Z score >-2). More in details, for 17β estradiol serum levels ≤ 50 pg/ml, low compliance was independently correlated with low bone mass (OR 9.89, $p<0.01$).

On the contrary, in group 2 no associations between lumbar spine Z-score levels and 25 OH vit D or LH levels, BMI, age, smoking habit, and duration of TRT after surgery were observed.

In conclusion, in trans women low BMD is significantly associated with a low compliance to ERT. Major efforts have often to be made in order to keep trans women under ERT after gender confirming surgery. Such efforts are necessary to prevent osteoporosis in trans women, as emphasized by the latest version of Endocrine Society Guidelines. In trans men the lower prevalence of low BMD could be explained by the protective effect of testosterone

on bone, mediated by peripheral conversion to estradiol.

Lipid profile changes during long term gender affirming therapy in trans women

Friday, 12th April - 11:45: Endocrinology Session II: Monitoring (side-)effects of hormonal treatment (Bramante 14)

Marija Miletic [1]***, Milina Tancic Gajic*** [1]***, Miomira Ivovic*** [1]***, Zorana Arizanovic*** [1]***, Milos Stojanovic*** [1]***, Svetlana Vujovic*** [1]

1. *Faculty of medicine, University of Belgrade, Clinic of endocrinology, diabetes and diseases of metabolism, Belgrade genfer team*

Background

BackgroundIndividuals with gender incongruence receive gender affirming therapy which is fundamental to sex reassignment. Although numerous studies have examined the effects of long-term hormone therapy in cisgender adults, less is known about the long-term effects of gender affirming HT in transgender adults.

Aims The aim of our study was to assess changes in the fasting serum lipid profile during gender affirming hormone therapy in Male to Female individuals in a long-term follow-up.

Methods

Methods Retrospective longitudinal study included 17 individuals with gender incongruence (male assigned at birth) in the Clinic for Endocrinology, Clinical Center of Serbia, Belgrade, from 1989 to 2017. A diagnosis of transsexualism was confirmed at 26.1 +7.1 years of age. Mean body mass index : 24.1+3.9 kg/m2. Median duration of therapy was 15.4 + 4.0 years. Orally administered estrogens were the mainstay of therapy. Socio-demographical, anthropometric and laboratory data were collected. Outcomes of interest included cholesterol, LDL, HDL, TRG. Not any patient was lost during a follow up. Data are shown as mean (±standard deviation) .Comparisons between means were done by *Sign test* for paired items. $P \leq 0.05$ was considered statistically significant. Statistical analysis was performed with SPSS Statistics 17.0 software (SPSS Inc.,Chicago, IL). The local Ethics Committee approved the study.

Results and Conclusions

Results In MtoF individuals , analysis showed no significant difference in total cholesterol, LDL and HDL. TRG levels worsened over time (1.91+ 0.84 to 2.12+0.9 mmol/l), but not in a statistically significant manner. There was a highly significant difference in weight and body mass index (p = 0.04)

ConclusionDuring long term gender affirming therapy in Male to Female individuals, there was no significant deleterious effect in lipid profile, except of worsening trygliceride levels and gaining weight, which could not be attributed only to androgen deprivation and estradiol therapy.

Gender affirming therapy administration to transgender individuals is acceptably safe in the short and medium term. However, potentially adverse effects in the longer term are still unknown. The data of surrogate markers of cardiovascular disease leave room for a cautious optimism. Making priority of long term follow up studies could lead us to, urgently needed, true insight.

Does gender affirming hormone therapy affect liver transaminase levels? Results from ENIGI

Friday, 12th April - 12:00: Endocrinology Session II: Monitoring (side-)effects of hormonal treatment (Bramante 14)

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Background

Severe liver dysfunction is mentioned as a medical risk associated with testosterone therapy in the Endocrine Society guidelines.

Methods

This prospective cohort study was part of the European Network for the Investigation of Gender Incongruence (ENIGI). We assessed serum transaminase levels (AST, ALT) over 36 months, starting upon first administration of hormonal therapy (HT). For logistical reasons, data from Ghent (Belgium) only was selected for this explorative substudy. Liver dysfunction (LD) was described as serum transaminase levels >3x upper limit, severe liver dysfunction (SLD) as >5x upper limit. Data were analyzed cross-sectionally and prospectively, taking into account possible confounders (age, BMI, smoking, alcohol, other biochemical parameters, etc.)

Results and Conclusions

At baseline, serum transaminase levels were reported in 392 cases (205 TW, 187 TM) and serum transaminase levels were higher in transwomen (TW) (ALT: 18.0U/L [14.0 – 26.0], AST: 20.0U/L [17.0 – 24.0]) compared to transmen (TM) (ALT: 15.0U/L [12.0 – 21.0, AST: 19.0U/L [16.0 – 22.0], P<0.001 and P=0.001, respectively).

During hormone therapy (HT), in TW both ALT and AST levels decreased during the first three months of HT (ALT: -3.0U/L, 95%CI -5.5 – -0.442, P=0.022, AST: -4.1U/L, 95%CI -5.2 – -2.9, P<0.001), remaining stable thereafter. In TM, AST levels increased during the first year (+4.3U/L, 95%CI +0.6 – +8.0, P=0.024), remaining stable thereafter, whereas ALT levels remained stable throughout the investigated time period.

None of the TW had serum AST levels suggestive for LD, although serum ALT levels above 3x the upper limit of normal for cisgender women were reported in 3 TW on HT. Two TM presented with SLD after 9 and 12 months of HT, hormone treatment remained unchanged while transaminase levels returned to lower values.

Over the entire study population, cross-sectional analysis revealed a positive relationship between serum ALT and AST levels and BMI (ρ=0.260, P<0.001 and ρ=0.063, P=0.004), hematocrit (ρ=0.132, P<0.001 and ρ=0.222, P<0.001), serum triglyceride levels (ρ=0.152, P<0.001 and ρ=0.104, P<0.001), total cholesterol levels (ρ=0.177, P<0.001 and ρ=0.186, P<0.001), serum LDL levels (ρ=0.191, P<0.001 and ρ=0.152, P<0.001) and a negative correlation with HDL% (ρ=-0.194, P<0.001 and ρ=-0.073, P=0.001). In addition, higher serum ALT levels were positively correlated to number of pack year (ρ=0.063, P=0.006).

In TW on HT, serum AST levels were positively correlated to serum LH (ρ=0.127, P<0.001) and FSH (ρ=0.149, P<0.001) levels and serum ALT levels were negatively correlated to serum SHBG levels (ρ=-0.105, P=0.001). In TM taking testosterone, serum LH and FSH levels were negatively correlated to serum AST levels (ρ=-0.109, P=0.002 and ρ=-0.137, P<0.001). Serum transaminase levels were not correlated to serum oestradiol or testosterone levels in both TW and TM.

HT leads to a change in absolute serum transaminase levels, towards the experienced gender, appearing over the first 3-12 months. LD and SLD are rare in TM (LD and SLD 0.8%), and TW (LD 0.6%). Cross-sectionally, higher

serum transaminase levels were not correlated to serum levels of sex steroids, although serum gonadotropins were correlated with transaminase levels. Other variables, such as BMI and serum lipids may contribute to elevated serum transaminase levels.

Transgender heart – Testosterone influences

Friday, 12th April - 12:15: Endocrinology Session II: Monitoring (side-)effects of hormonal treatment (Bramante 14)

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Background

Testosterone regulates cardiac action, potential, calcium homeostasis and has effects on endothelial cells in women's heart. It increases repolarizing potassium + current density and protect against arrhythmia in women. Myocardial response to acute ischaemia is gender dependent (apoptotic rate, Bax expression, cardiac function, myocardial healing, remodelling). The greatest density of androgen receptors in male is in the heart. Acute application of testosterone increases intracellular calcium in cardiac myocytes eliciting voltage by IP3 receptors. Phosphalamban , regulator of cardiac contraction, expression is increased in males. Androgen receptor overexpression in myocytes increases mitochondrial enzymes activity and oxygen consumption, induces vasodilatation and increases blood flow. Testosterone influences lipid metabolism, insulin sensitivity and blood pressure in both sexes. Common drugs effects, treating cardiovascular diseases, depend on gender specific polymorphic variants in genes including MDR1, APOZ, ACE, preproendothelin-1, microsomal triglyceride transfer protein. AIM of this study was to follow up during 15 years dynamic changes of 24 hour blood pressure monitoring, lipid levels, insulin sensitivity and hormonal changes in trans men.

Methods

SUBJECTS AND METHODS: 30 trans men participated study after completely exploration by psychiatrist who confirmed diagnosis. On the beginning of the study they were 26.6 +/-2.1 years old and BMI was 22.5+/- 2.0 kg/m^2.During the first year of therapy they received Testosterone enanthate 250 mg per 2 weeks, and after that on 3 week interval , in combination with dihydrotestyosterone gel on clitoris locally twice daily first year of therapy.
Cholesterol, HDL, LDL, triglycerides, apoA, apoB, Lp(a), FSH, LH, estradiol, prolactin, DHEAS, androstendione, 17 OH progesterone, testosterone, fT4, TSH, as well as oral glucose tolerance test with 75 gr of glucose and insulin and glycaemia detectiona on 0.30.60.90.120. minute, were performed prior to threrapy, during 6. month and 15 years later. 24 hour blood pressure monitoring was performed during the same intervals.

Results and Conclusions

RESULTS Significant increase of BMI was detected during 6 months (22,5 +/-2.0 vs.24.3 +/- 2.4 kg/m^{2}and reached 25.6 +/- 2.3 kg/m^2 15 years later. All 24 hour blood pressure variables increased during 15 years expressed by before vs.15 years later: 112.4 +/-12.3/66.7 +/- 9.4 mmHg (day) , heart rate 78.2 +/- 3.2 vs. 83.3 +/- 4.2 /min (day) . During night values are:103.3 +/-5.6 /56.9 +/-5.6 vs. 107+/- 6.6 /65.5 +/- 6.0 mmHg, heart rate 62.4 +/- 4.3 vs.66.1 +/- 4.7 /min. Lipid levels increased, as well as insulin resistance. Fifteen years later 15% of FMT used antihypertensive drugs, 30% anxyolitics, 15% had diabetes and 15% hyperthyroidism.
CONCLUSION Gender differences, including differences in heart size volume, pumping activity in combination with endocrine and metabolic changes, as well as life style, may play key factor for the aging process. Does the heart characteristics , female or male, depend on receptor density, or gonadal steroid amonuts or philosophy of life

on this Planet continuously changing polarities?

Shift in gender incongruence among children and adolescents: current situation in Norway

Friday, 12th April - 11:30: Law Session II: National Topics and Perspectives (Bramante 9)

Anne Waehre [1], Martina Schorkopf [1], Linda David [1], Dirk Louis Schorkopf [1]

1. *Oslo University Hospital*

Background

Following the creation of the Norwegian Gender Team for Children and Adolescents in May 2017 the necessity for an update on the current general situation of gender incongruence became apparent. The recent change (1st of July 2016) in Norwegian law regarding gender recognition allowed first insights into decision making frequencies among young patients regarding their legal gender status.

Methods

Since the initiation of the Norwegian Gender Team for Children and Adolescents, data from more than 300 patients has been collected to get an overview about the situation of gender incongruence among children and adolescents in Norway. Structured quantitative retrospective chart reviews and qualitative analysis of case files were applied. In addition, we also studied the number of cases among children and adolescents that realized the opportunity to change their legal gender status within 16 months after the new law came into effect.

Results and Conclusions

Current evaluation shows a dramatic increase of referrals since 2012. Observed is also a notable shift towards birth assigned girls in need of support regarding their gender incongruence, resulting into an inversion of observed birth-assigned gender frequencies around 2014. More than double of patients among the age group 13-17 were birth-assigned girls. The latter group was also notably overrepresented regarding signs or diagnosis of ASD (autism spectrum disorder) and other complex psychiatric symptoms, similar to what has already been observed in other Scandinavian and European countries. The current results suggests psychological monitoring and case-specific guidance of patients in their development going well beyond simplified gender incongruence treatment aspects.
About 40% of children and adolescents that were referred to the Gender Team for Children and Adolescents took the opportunity to change their legal gender status 16 months after the introduction of the novel gender recognition law. The decision making towards a change in legal status was partly gender specific: While the probability to change to female gender did not change markedly with patient age, there was a consistent increase in probability (Wald Chi-Square 8.846, p=0.005) in changing the legal gender status with age in birth-assigned girls. When taking age, bullying and previous trauma experience into account, there was a four-times higher probability in male-birth-assigned patients to change their legal gender status as compared to patients of the same gender not having reported previous bullying assaults. Future studies need to evaluate whether these observations might indicate a potential necessity for more attention regarding bullying in trans girls.

“Torture Isn’t Therapy”: The Legality of Transgender Reparative Therapy

Friday, 12th April - 11:45: Law Session II: National Topics and Perspectives (Bramante 9)

Florence Ashley [1]

1. *McGill University*

Background

In 2015, the Canadian province of Ontario passed a law prohibiting “any treatment that seeks to change the sexual orientation or gender identity of a person under 18 years of age.” This law, which was widely described as a ban on reparative therapy, led to the closure of the CAMH Child Youth and Family Gender Identity Clinic, which practiced the psychotherapeutic approach to pre-pubertal youth care. Although a number of jurisdictions have since banned or attempted to ban reparative therapy, the overwhelming majority have no legislative measures in place which explicitly protect trans youth against therapies which aim at changing their gender identities and make them align with the gender they were assigned at birth, despite WPATH considering such therapeutic approaches unethical. In this presentation, the author inquires into the law’s ability to palliate the lack of explicit protections through general statutes on professional responsibility and through disciplinary mechanisms provided by licensing bodies.

Methods

Using a doctrinal and jurisprudential method which draws on notions of professional liability, disciplinary law, and the right to equality while situating them within of contemporary scientific knowledge and standards of practice, the presenter argues that laws of general application may be used to sanction the practice of reparative therapy by licensed professionals even in the absence of explicit prohibition.

Results and Conclusions

The juridical avenues provided by professional liability and disciplinary law empower victims of reparative therapy as well as trans advocates to seek judicial redress against the practice. It also provides professional association with legal tools which they can use to pursue their mandates of protecting trans patients by emitting guidelines as well as engaging in disciplinary procedures against practitioners of reparative therapy. In light of many legislatures’ unwillingness to prohibit reparative therapy, professional liability and disciplinary law may provide a viable alternative in the fight against this unethical practice. Insofar as both forms of law are intended to protect patients from unethical and out-of-date practices, trans health advocates should consider making use of them in opposing reparative therapy.

The limits to gender self-determination in a stereotyped legal system: lessons from the 2017 Belgian Gender Recognition Act

Friday, 12th April - 12:00: Law Session II: National Topics and Perspectives (Bramante 9)

Pieter Cannoot [1]

1. *Ghent University*

Background

On 1 January 2018 the new Belgian Gender Recognition Act (GRA) entered into force. The GRA replaced the 2007 Act on Transsexuality and abolished all medical requirements for legal gender recognition. Transgender persons have therefore become able to have their official birth sex registration changed in their self-defined gender identity, without having to undergo a psychiatric assessment, sex reassignment surgery and sterilisation. By adopting the GRA, Belgium became the 5th European country and the 7th worldwide to enable legal gender recognition solely on the basis of self-declaration. However, the GRA not only abolished conditions for legal gender recognition but also introduced new so-called procedural guarantees to prevent (identity) fraud and 'light-hearted' applications. This contribution analyses the 2017 GRA in the light of the international and European human rights standards regarding gender identity. It specifically studies the scope of the recognition of gender self-determination in the GRA, the lingering paternalism towards transgender persons, and the unchallenged cisnormativity and binary normativity of the GRA and the legal system as a whole.

Methods

The research made use of Belgium as a case study of a European State with a constitutional tradition, that is a member of both the Council of Europe (CoE) and the European Union (EU). A theoretical qualitative analysis of the main domestic and foreign legal literature and case law was used. This legal analysis was informed by (post-structuralist) feminist scholarship, critical legal studies and queer theory. All three perspectives share post-structuralist viewpoints which proved to be instrumental to the analysis of how the Belgian legal system deals with the autonomy rights of transgender persons, especially with regard to its adherence to stereotypes regarding gender identity and gender diversity.

Results and Conclusions

The paper argues that the Belgian legislator failed to conceptually implement the logical consequences of the recognition of the right to gender self-determination and therefore embedded the GRA in a stereotyped legal system which still limits the human rights of transgender persons.

Situation on the mental health services for transgender people in Ukraine

Friday, 12th April - 12:15: Law Session II: National Topics and Perspectives (Bramante 9)

Nikita Karimov [1], ***Olga Semenova*** [1]

1. *Insight NGO*

Background

The population of Ukraine is more than 40 million people, of which, according to the average world statistics, more than 50 thousand people belong to transgender people. Misunderstanding of the principles and importance of mental health theme is a huge social issue in Ukraine.

Special difficulty of rendering assistance for transgender people in Ukraine is not only the lack of a modern and systematized practice on this issue, but also the general lack of legislative mechanisms governing the provision of assistance and the work of health professionals for transgender clients.
Through the past years transgender people in Ukraine experienced a lot of difficulties in access to the qualitative mental health services. In particular, legal gender recognition procedure still requires the F64.0 diagnosys which interferes with social adaptation and violates the human rights. In this presentation we will describe an overall situation on the LGR procedure and access to the mental health services for transgender people in country.

Methods

Presentation with analytical data and case study.

Results and Conclusions

General overview of gained experience and approaches to providing mental health care and assistance to transgender people in Ukraine. Analysis of assistance in conditions of limited institutional support.
Mental health situation issues:

- Unified clinical protocol for medical care transgender people;
- Difficulties with access to paid help;
- Social stigma of referring to experts in the field of mental health: psychologist = psychiatrist = diagnosis of “psycho”;
- Specificity of conducting face-to-face meetings and access to public spaces for transgender people;
- Specificity of conducting face-to-face meetings and access to public spaces for transgender people;
- Lack of referral program for crisis help;
- Lack of relevant education and training programs for psychotherapists on gender identity and sexuality issues;
- Lack of ethic code among psychotherapists;
- Existence of forced correction approach.

A thin line between protection and isolation: the denial of human dignity of transgender prisoners in Italian penal institutions

Friday, 12th April - 12:30: Law Session II: National Topics and Perspectives (Bramante 9)

Giuseppe Zago [1]

1. *Northumbria University*

Background

The Italian prison system is regulated on the basis of gendered and hypermasculine institutionalised dynamics, which perpetuate forms of discrimination particularly affecting queer, trans and gender non-conforming individuals. In particular, the gender binary divide of the prison population, along with a general sex prohibition policy, appears informed on what Rubin has called the "sex/gender" system (Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality, 1993), a traditionalist standard where only two genders, male and female, with specific essentialist roles, are recognised.

Indeed, the National Prison Service either classifies prisoners according to their sex at birth, or places transgender individuals in special sections usually located in male prisons in the aim of guaranteeing their security. Such arrangement ends up aggravating transgender inmates' prison conditions as compared to the general prison population, as they struggle accessing medical treatment or participating to activities organised by the prison staff. Ultimately, protection turns into daily isolation, invisibility and transphobic practices.

In April 2018, 58 declared transgender people were hosted in 10 special sections in different institutions (2018 Annual Report to Parliament of the Italian Ombudsman on the Rights of prisoners or people deprived of their liberty): this relatively small number is still disproportionate in light of the overall prison population, probably depending on the precarious and discriminatory conditions transgender people suffer even outside prison. Furthermore, many other individuals who do not identify as male or female, but are not placed in special sections, do not figure in official statistics.

Methods

The findings of this paper are based on the analysis of Italian law and jurisprudence, with special attention to the provisions introduced with the reform of the Law on Prisons that entered into force in October 2018. Moreover, the study of black letter law was undertaken by considering the data analysis of 14 semi-structured interviews recorded by the author with gay, lesbian and transgender prisoners that were held in three Italian prisons during the period July – August 2018.

Results and Conclusions

Conversations with queer prisoners highlighted main concerns of transgender inmates in terms of sexuality, intimacy, access to services and healthcare. They also gave a picture of the hurdles they face in entertaining relationships with other prisoners.

Interviews with gay and lesbian prisoners contributed to represent the sensitive relational dynamics among different groups within the queer minority. Particularly, data show that the situation of trans women in male prisons raises different issues if compared to the lives of trans men in female penal settings.

Overall, the conditions of imprisonment of queer and transgender inmates are problematic to say the least, raising doubts concerning their treatment conformity with the constitutional principles of rehabilitation as main aim of

imprisonment, and respect of human dignity.

The participants' sample, although small in size, allowed observing some major problems affecting non-cisgender, non-heterosexual minorities during imprisonment, which are only partially addressed by current national legislation, *in primis* the allocation procedure based on an unrealistic essentialist paradigm.

Acid Reflux: A Silent Barrier to Transgender Voice Modification

Friday, 12th April - 11:30: Voice Session II (Bramante 12)

Celia Stewart [1], ***Irene Kling*** [2]

1. *New York University,* ***2.*** *Adelphi University*

Background

As speech-language pathologists, we recognize that the voice modification process is a complex one, and we must consider not only the sound of the voice and its underlying physiology, but the risk factors that often undermine the trans speaker's progress. These factors may include allergies, hearing loss, side effects from medications, and acid reflux. This last and pervasive risk factor can be the bane of the clinician and the client because chronic backflow of gastric acid into the throat often leads to changes in vocal fold tissue that negatively affect voice production.

Transgender speakers, who experience chronic reflux, may complain of morning roughness with prolonged warm-up time, limited pitch and loudness ranges, difficulty maintaining vocal consistency in their desired range, and deterioration of voice quality during speech as well as singing. They may complain of excessive and intractable mucus, throat tickle, and the need for frequent throat clearing. When left untreated, mucosal changes, laryngeal soreness and tightness, and chronic cough may further compromise voice production and quality of life.

Methods

Management of acid reflux has increasingly become the purview of the voice clinician. However, the literature regarding the effectiveness of lifestyle changes (e.g., cessation of smoking, consumption of alcohol, timing and amount of eating, position during sleep, etc.) is inconclusive. In a review of over 20,184 articles from 1990 to 2018 only four factors consistently showed a significant decrease in the symptoms of reflux: regular mealtimes, time between eating and reclining, sleeping position, and elevation of the torso during sleep.

Results and Conclusions

Given the inconsistencies in the literature, the frequency of acid reflux, and its significant impact on progress, how, then, does the voice clinician effectively manage this often-omnipresent problem, and minimize its effect on the successful modification of the voice? In our presentation we will explore the options available to the client and the clinician to effectively cope with the consequences of acid reflux as they apply to voice modification.

Trans Voice and Communication: Service users' satisfaction and self-rated outcomes with the delivery of voice feminisation therapy

Friday, 12th April - 11:45: Voice Session II (Bramante 12)

Christella Antoni [1]***, Rhiannon Grébert*** [2]***, Carol Fairfield*** [3]

1. *Christella Antoni Voice and Speech Services, London,* ***2.*** *Gender Identity Clinic, Daventry,* ***3.*** *University of Reading*

Background

There is a marked dearth of research on the delivery of voice modification therapy, particularly that which goes beyond the level of single service providers. The recent development of the Trans and Gender Diverse Voice and Communication Therapy Competency Framework (Royal College of Speech and Language Therapists, 2018) means the training and training needs of speech and language therapists (SLTs) in this field have received focused attention. It therefore seems extremely timely that how this therapy is delivered - on a structural level - also receive attention. There exists a very wide variability among service providers of what is offered to a patient seeking to modify their voice. There is no consensus on how a service decides upon the format and delivery of the voice therapy they will offer, meaning great variability across different providers. For example, for some providers, the number of sessions offered to patients is predefined and consequently the same for every patient. Similarly, providers might offer only one therapy format, or a mixed format approach.

This initial review of service provision via questionnaire starts to explore the range of voice therapy delivery that is offered, through asking a selection of service users themselves about their experiences. It explores respondents' thoughts regarding service delivery, as well as their self-rated outcomes on their voice, their satisfaction with the service, and reasons for why their therapy course finished. This questionnaire places service users' input at the centre of the study as cooperation between providers and service users is vital if the needs of the patients are to be fully met.

Methods

An online qualitative and quantitative questionnaire was used, which 82 self-selecting and post-voice therapy trans women completed. The study includes former patients from NHS and independent providers from across England.

Results and Conclusions

The 82 respondents represented a wide range of ages and locations: ages ranged from 18 to 80+ years and every region of England was represented. The study's key variables: format, no. of sessions and length & frequency of therapy were subject to initial analysis including correlation with voice satisfaction, among other outcomes.

Initial results show that as predicted there was great variability in the number of voice therapy sessions that service users had undertaken (range 1-22+), however, this variability was not mirrored in the format typically offered by providers.

Further analyses will explore the issues of satisfaction with service and any correlation with outcomes. It is hoped that this review of provision will be replicated on an even bigger and more encompassing scale. The authors also intend that the information gained from this study and any future study will be used to further inform and shape policies for the future delivery of voice modification therapy.

Inside competence: growing a speech and language therapy workforce which guarantees trans affirmative, quality voice and communication therapy services throughout the UK.

Friday, 12th April - 12:00: Voice Session II (Bramante 12)

Matthew Mills [1], ***Nazlin Kurji-Smith*** [2], ***Carys Bracken*** [1], ***Helen Greener*** [2], ***James Barrett*** [1]

1. *Gender Identity Clinic. Charing Cross. London,* ***2.*** *Northern Region Gender Dysphoria Service Newcastle*

Background

The challenge for gender dysphoria NHS services with its soaring referrals, including speech and language therapy both in tertiary gender specialist centres and in secondary local services, is to provide more equitable delivery of high quality care to trans and gender diverse people throughout the UK. NHS England Clinical Reference Group Gender Identity Services and the Royal College of Speech and Language Therapists (RCSLT) commissioned the *Trans and Gender Diverse Voice and Communication Therapy Competency Framework*to support training and growth in the speech and language therapy workforce.

Methods

The RCSLT and its Trans and Gender-Diverse Voice and Communication Clinical Excellence Network developed a draft framework, in liaison with other disciplines and royal colleges. Public consultation took place in 2017 and the RCSLT appointed a feedback review panel drawn from a cross section of the speech and language therapy profession. The panel met between March and June 2017 to review a total of 264 separate responses to the draft. Their remit was to ensure that the framework not only adequately reflected the broad range of views in the profession, but that it is also a useful and practical guide for developing knowledge and skills and a comprehensive, logical tool for supervising SLTs and managers.

Results and Conclusions

Respondents to the consultation came from all regions of the UK: SLTs (93.1%), managers (13.8%), researchers (10.3%), newly qualified practitioner (3.4%) and worked in NHS (82.8%), independent practice (20.7%), and university/higher education institution (10.3%). Respondents reported an annual trans caseload of up to: 5 (25%), 10 (10.7%), 20 (25%) and more than 20 (32.1%). *The Trans & Gender Diverse Voice & Communication Therapy Competency Framework*was published in January 2018 and describes prerequisite skills, and 3 levels of competence related to caseload size and complexity. The Framework has identified training needs for SLTs, and clinical education providers, such as the Tavistock and Portman NHS Foundation Trust, have now developed courses which map directly on to each described competency. Furthermore, NHS England, University of London and the Royal College of Physicians are currently also collaborating with the RCSLT and other colleges to develop post-graduate credentialing qualifications in gender dysphoria treatment, which will include training modules for SLTs. The Framework will be reviewed later in 2019 regarding how it continues to be used nationally to sign off on competence and contribute to professional appraisal.

Taiwanese Speech-Language Therapists' Awareness and Experiences of Service Provision to Transgender Clients

Friday, 12th April - 12:15: Voice Session II (Bramante 12)

Lia Litosseliti [1], ***Ioanna Georgiadou*** [2]

1. *City, University of London,* ***2.*** *Nottingham Centre for Transgender Health*

Background

Voice and communication style are two important identifying dimensions of gender and transgender individuals often seek voice and communication therapy as part of their transition. However, evidence suggests that few transgender individuals can access this therapy, possibly because of concerns about confidentiality, discrimination, stigmatization, or negative past experiences. It is essential, therefore, for this client group to have access to culturally competent healthcare services. Some studies of SLTs' experience and confidence working with transgender individuals have recently been undertaken in the US. However, little research has been carried out in Asia.

The aim of the research presented in this paper was to investigate Taiwanese SLTs' knowledge, attitudes and experiences of providing transgender individuals with relevant therapy.

Methods

A cross-sectional self-administered web-based survey hosted on the Qualtrics platform was delivered to 140 Taiwanese SLTs. The data was collected by way of a questionnaire containing questions about their demographics and their awareness and experiences of providing services to transgender clients.

Results and Conclusions

Taiwanese SLTs were, (i) more familiar with the terminology used to address 'lesbian, gay, and bisexual groups' than with 'transgender' terminology, (ii) generally positive in their attitudes towards transgender individuals, and (iii) comfortable about providing them with services. However, the majority of participants did not feel that they were sufficiently skilled in working with transgender individuals, even though most believed that providing them with voice and communication services fell within the SLT scope of practice.

It is important for clinicians to both be skilled in transgender voice and communication therapy and to be culturally competent when providing services to transgender individuals. This study recommends that multicultural issues relating to gender and sexual minority groups should be addressed in SLTs' university education as well as in their continuing educational programs.

Decision aid for gender affirming surgery in trans men

Friday, 12th April - 11:30: Surgery Session I: Surgical mental health (Bramante 15)

Müjde Ozer [1]***, Garry Pigot*** [1]***, Mark-Bram Bouman*** [1]***, Tim van de Grift*** [1]***, Lian Elfering*** [1]***, Norah Van Mello*** [1]***, Hoda Al-itejawi*** [1]***, Marlon Buncamper*** [1]***, Margriet Mullender*** [1]

1. *VU Medical Center*

Background

In transgender men, multiple options are available for genital gender affirming surgery. The trans men should be able to weigh these options based on outcomes, risks and consequences that are most important to him. Hence, the aim of this study was to develop and evaluate a Decision Aid for Genital Surgery in Trans men (DA-GST). The DA-GST aims to support the trans men in making thoughtful choices among treatment options and facilitate shared decision-making between the health care professionals and the trans men.

Methods

A qualitative focus group study was performed. In total, five focus groups with both trans men and health care professionals (HCPs) involved in the treatment of individuals diagnosed with gender dysphoria (plastic surgeons, gynecologists, urologists, physician assistants, psychologists) were organized. Study participants were trans men who had already undergone genital gender affirming surgery, trans men who were considering to undergo genital gender affirming surgery, or trans men who decided not (yet) to undergo genital gender affirming surgery. All focus groups were led by an independent professional moderator who instructed participants to first write down their “answers or issues” on a specific topic before letting everyone, in turn, share within the group. This approach prevented the overshadowing of some participants and it stimulated active participation of all group members.

Results and Conclusions

The exact scope of the decision aid was determined during the first focus group. The DA addresses various choice combinations regarding the removal of native reproductive organs and/or parts of the native genitals, including various options for the creation of a masculine genital with or without urethral lengthening. HCPs and transgender men agreed that the desired outcome and realistic expectations should form the core of the content of the DA, but not the medical information per se. Its aim should be to assist the trans men in the decision-making process by giving arguments for and against specific options, however, it does not render a particular “best option”.Items collected from the focus groups were grouped into five themes: outcome, quality of life, environment, sexuality, and beliefs. For each item within these themes arguments for and against a specific type of surgery were collected. Careful consideration was taken in the phrasing of the DA because of the delicate situation and feelings involved in gender issues and genital affirmation surgery. The results of usability will be presented at the WPATH.

CONCLUSION

This Decision Aid for Genital Surgery in Trans men concerns all surgical options for genital gender affirming surgery in trans men. This tool is useful in assisting trans men in their decision-making process by providing arguments for or against specific options and to assist health care professionals in the exploration of which domains are most relevant for each specific individual.

Personalized care for individuals seeking gender affirming treatments: The Development of a Patient Reported Outcome Measure (PROM)

Friday, 12th April - 11:45: Surgery Session I: Surgical mental health (Bramante 15)

Maeghan Ross [1], Müjde Ozer [1], Timotheüs Van De Grift [1], Baudewijntje Kreukels [1], Mark-Bram Bouman [1], Marlon Buncamper [1], Danny Young Afat [2], Andrea Pusic [3], Anne Klassen [4], Manraj Kaur [4], Margriet Mullender [1]

1. *VU Medical Center,* ***2.*** *UMC,* ***3.*** *Harvard Medical School,* ***4.*** *McMaster University*

Background

Gender-affirming treatment is thought to be the most appropriate approach for individuals who experience incongruence between their experienced gender and their assigned gender. The gender-affirming procedure itself is multifaceted and requires a lot from the health care provider and the transgender persons themselves. The transgender individual's goals and possible outcomes may or may not include all or any medical interventions.

Currently there are no appropriate tools available to properly evaluate experiences within the gender-affirming health care system and the outcomes of various treatment options. Therefore, in order to accurately be able to evaluate and organize health care for transgender individuals, it is essential for providers to know which patient-reported outcomes (PROMs) are critical to the transgender individuals themselves.

The aim of this project is to develop a validated instrument for outcome measurement within transgender healthcare. This PROM will be used to measure domains that the transgender individuals themselves find important before, during, and after treatment by directly asking them.

Methods

Working in close cooperation with the target group and gender-affirming health care providers, the goal of our study is to develop a transgender PROM. The study consortium consists of an international group of expert clinics from North America and Europe,.

The study will include three phases that occur iteratively and interactively: Phase I—item generation, Phase II—item reduction, and Phase III—psychometric evaluation. In Phase I the concepts of interest for the transgender individuals regarding their outcome will be identified. This will be determined using a systematic review of the literature and semi-structured qualitative interviews with transgender individuals. In alignment with the concepts of interest identified in Phase I, Phase II will focus on the development of items for the preliminary scales. This will be achieved through a pilot field study and followed by a much larger international field study of the finalized scale set. An expected number of 60-80 transgender persons will participate in the interviews and 500-750 transgender persons in the field test study. In addition, Rasch Measurment Theory will be used to define measurement characteristics and aid in the process of item reduction. Phase III will focus on further tests of reliability, validity, and responsiveness of the finalized instrument.

Results and Conclusions

This PROM will be the product of a multiphase mixed methods approach. The developed PROM will be measuring Quality of Life of the transgender persons and assess transition-related experiences. Concepts within the domains of physical, sexual, psychological, and social health will be identified. We plan to present the protocol article of the

development this instrument as well as any preliminary findings.
Our collaboration with the transgender community will guarantee a PROM containing outcome measures important for the transgender individuals themselves, while ensuring scientific validity.

The BODY-Q Chest Module: Presentation of a novel patient-centered self-reported outcome measure and first findings using the instrument.

Friday, 12th April - 12:00: Surgery Session I: Surgical mental health (Bramante 15)

Tim van de Grift [1]***, Lian Elfering*** [1]***, Marijke Greijdanus*** [1]***, Jan Maerten Smit*** [1]***, Mark-Bram Bouman*** [1]***, Anne Klassen*** [2]***, Andrea Pusic*** [3]***, Manraj Kaur*** [2]***, Margriet Mullender*** [1]

1. *VU Medical Center,* ***2.*** *McMaster University,* ***3.*** *Harvard Medical School*

Background

Introduction: Gender affirming surgical interventions are best evaluated on self-reported outcome measures that include subjects that are most relevant to the group themselves. At present, only few of such transgender-specific measures are available.

Objectives: To present a self-reported measure specific to transgender chest wall masculinization surgery and to distribute this measure in a cohort of pre- and postoperative trans men.

Methods

Methods: Combined literature search and multiple rounds of qualitative interviewing determined a preliminary version of the Chest Module. Subsequently, the measure was field tested in Canada, Denmark, the Netherlands and the USA between June 2016 and June 2017. The Chest Module was developed for and tested on individuals with surgery for gynecomastia, weight loss and transmen chest surgery. Rasch Measurement Theory was applied to qualitatively determine the final items of the measure. At the VU University Medical Center data collection included preoperative examination, screening questions on anxiety and depression and seven BODY-Q scales including the Chest Module.

Results and Conclusions

Results: The total sample of the Chest Module validation study included 689 participant (including 291 trans men). Rasch Measurement Theory analysis revealed a 10-item chest and a 5-item nipple scale. Both scales showed good internal consistency and reliability. Also, high correlations with other self-reported outcome measures were observed. At the VU University Medical Center, 101 trans men participated (50 preoperative, 51 postoperative). Postoperative participants reported significantly higher (better) scores on the chest (M=67), nipple (M=58), body (M=58; all $p<.001$) and psychological (M=60; $p=.05$) scales compared with preoperative patients. Postoperative chest and nipple scores did not differ significantly from a gynecomastia comparison groups, whilst scores were less favorable on the psychosocial domains. Pre-operatively, chest scores were not associated with objective breast size. Lower post-operative chest scores were associated with planned revision surgery ($\beta=-.52$) and depressive symptoms ($\beta=-.59$).

Conclusions: The BODY-Q Chest Module is a valid and applicable measure to assess experienced outcomes after chest wall masculinization surgery in trans men. First analysis of cross-sectional data indicates that surgery improves these outcomes, and indicates that topics such as revision surgery and depressive symptoms are associated.

Ethical Considerations Regarding Penile Transplantation Surgery in Transgender Men: An Empirical Ethical Study.

Friday, 12th April - 12:15: Surgery Session I: Surgical mental health (Bramante 15)

Anne Gehrels [1], ***Kristin de Haseth*** [1], ***Margriet Mullender*** [1], ***Floyd Timmermans*** [1], ***Guy Widdershoven*** [1], ***Mark-Bram Bouman*** [1], ***Tim van de Grift*** [1]

1. *VU Medical Center*

Background

Background: Up until March 2018, five penis transplantation were performed to a cisgender man after traumatic genital injury. Transgender men desiring to have male genitalia might have the wish to receive a donor penis as well. However, alongside other ethical and societal considerations regarding transgender surgery, new topics might arise with the possible introduction of this technique.
Aim: The purpose of this study was to investigate the ethical considerations amongst different stakeholders regarding penile transplantation surgery in transgender men.

Methods

Methods: Separate focus groups were conducted; one focus group consisting of six experts in transplantation surgery or gender affirming treatments and one consisting of six transgender men. Participants were invited based on professional background (professionals) and the phase of gender transitioning (transgender men). Themes discussed during focus groups were formulated based on a prior literature study on ethical considerations in transplantation surgery and in gender affirming treatments. Two additional one-on-one interviews were conducted with a gynecologist working on uterus transplantation and a researcher previously working on penile transplantation. The focus groups were audio recorded and transcribed. Data was coded by two researchers and thematic analysis was performed. Extracted themes were combined with themes described in the literature.

Results and Conclusions

Results: Three major ethical themes emerged from analyses from both stakeholder groups; (1) The first issue was balancing the presumed gains and likely involved risks. Life-long immunosuppressive medication was especially seen as a major risk by both experts and transgender men. Whereas aesthetics and (sexual) function were seen as the main benefits by the transgender men. Risks-benefit weighing differed individually, with health care providers generally putting more emphasis on the risks. (2) Secondly, personal identity and uncertainty about the transplantation's impact on the patient perceived wholeness of the body were addressed. These topics were mentioned less frequently by the health care professionals. (3) Lastly, the (unknown) impact of introducing penile transplantation for transgender men on the national donor system and the societal attitude towards gender affirming health care in the Netherlands was mentioned by health care providers specifically.
Conclusion: The present data suggest that both transgender men and health care professionals are aware of ethical pro's and con's regarding penile transplantation surgery for transgender men. Considerations pertain to both anticipated risks and gains, identity development and the wider societal impact. Weighing these factors differed both between and within the stakeholder groups.

Transgender Minors and the Surgical Taboo: Is Age Restriction Justified?

Friday, 12th April - 12:30: Surgery Session I: Surgical mental health (Bramante 15)

Ed Horowicz [1]

1. *Edge Hill University*

Background

The need for clinical guidelines for controversial interventions to be founded on 'expert opinion' and an evidence base is to minimise individual clinicians making subjective decisions influenced by bias or cultural norms. This paper considers clinical guidelines that through recomendation effectively prohibit the provision of Genital-Alignment Surgery (GAS) for competent adolescents diagnosed with gender dysphoria. I argue that although the rationale for this particular guideline is based on serious concerns, these need to be better understood to allow reconsideration of this unilateral prohibitive recommendation on GAS in adolescence. I do not propose that GAS should be prima facia provided for all adolescents diagnosed with gender dysphoria. Instead I argue that by developing ourunderstanding of the current concerns we can allow current guidelines to incorporate a margin of clinical discretion in order to allow clinicians to provide GAS to some adolescents, where clinically appropriate. In faciltiating this we can move towards establishing a solid evidence base. The basis of this position is that clinical guidelines and medical practice should treat these young people with the same standards of evidence-based care as others who have less controversial conditions.

Methods

To answer the question the paper considers the impact of guidelines on the provision of clinical care through the perspectives of professional, legal and surgical arguments. The paper draws on empirical, doctrinal, ethical and sociolegal literature throughout.

Results and Conclusions

In focusing on the provision of genital-alignment surgery for minors, I argue that the deference to clinical guidelines in this area of adolescent healthcare may directly impede on the ability of doctors to act in their patient's best interests. The paper highlights that the deference of this surgery until the age of majority lacks a solid evidence-base on which to justify this guideline. In fact, if applied strictly, these guidelines could force a doctor to act in a way that does not represent the best interests of the patient. Ultimately concluding that the concerns around genital-alignment surgery in adolescence should be better undestood and thus regarded as being an ethically justifiable medical treatment for competent minors, where appropriate and based on clinical judgment, which means that current clinical guidelines should be reconsidered.

Educational and clinical practices of speech and language therapists/pathologists in Europe, in the field of transgender voice and communication - A symposium proposal

Friday, 12th April - 14:00: WS 1: Speech and language therapists/pathologists in Europe (Bramante 7)

Ioanna Georgiadou [1]***, Marjan Cosyns*** [2]***, Elif Meryem Unsal*** [3]***, Matthew Mills*** [4]***, Maria Södersten*** [5]

1. *University of Nottingham - Nottingham Centre for Transgender Health,* ***2.*** *Ghent University,* ***3.*** *Anadolu University, Faculty of Health Sciences, Department of Speech and Language Therapy,* ***4.*** *Gender Identity Clinic. Charing Cross. London,* ***5.*** *Karolinska Institutet, Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology and Karolinska University Hospital, Functional Area Speech & Language Pathology*

Background

European university programs in speech and language therapy (SLT) or speech and language pathology (SLP) differ depending on the country, in terms of length of the study program, content, and academic level of the degrees. It is possible that these differences relate to how prepared SLTs/SLPs are to clinically work with transgender clients and also to participate in research activities related to transgender voice and communication. Some studies of SLTs/SLPs' experience and confidence working with transgender individuals have recently been undertaken in the US and in Asia. However, little research has been carried out in Europe. The aim of this symposium is to begin mapping European SLTs/SLPs' educational experiences, as well as the clinical underpinnings of transgender voice and communication therapy. Moreover, the aim of this symposium is to facilitate and encourage a European SLT/SLP network. The four authors proposing this symposium will discuss both educational and clinical experiences in Great Britain, the Nordic countries, Belgium and Holland. The authors will aim to collaborate with colleagues from other European countries, especially those participating at EPATH.

Methods

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Results and Conclusions

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Ethical dilemmas in gender surgery

Friday, 12th April - 14:00: WS 2: Ethical dilemmas in gender surgery (Bramante 8)

Müjde Ozer [1]***, Luk Gijs*** [2]***, Tim van de Grift*** [1]***, Els Elaut*** [3]***, Joz Motmans*** [4]***, Mark-bram Bouman*** [5]***, Margriet Mullender*** [1]

1. *VU Medical Center,* ***2.*** *Amsterdam UMC, location VUmc,* ***3.*** *Department of Sexology and Gender in Ghent, University Hospital Ghent, Belgium,* ***4.*** *Ghent University,* ***5.*** *Vumc*

Background

Over the past decade, the conceptualization of the concept of "gender" has shifted rather strongly from a dichotomous view of man/woman as a binary to a more continuous concept of each person possessing both masculine and feminine characteristics in varying degrees. As a result of these more continuous views, health care providers acknowledge more often individual differences in (gender-)identity development and treatment requests. Subsequently they are willing to support the unique paths individuals may take to one's hoped for goals and outcomes may or may not have included different medical interventions, and to offer accessible and flexible affirmative non-stigmatizing health care. This flexible approach to treatment requests, following changes in diagnostic criteria (ICD-11), societal changes, changes of law in European countries,can be challenging for health care professionals.
In principal health care professionals follow the fundaments of medicine and the Hippocrates oath: "Practice two things in your dealings with disease: either help or do not harm the patient".
When it comes to surgery, the surgeon must trust, more than before, on the patient itself and the health care professionals concerned with the gender incongruent individual prior to the surgical consultation, when it comes to possible risks and gains of surgery. In order to "help", the surgeon must fully understand what treatment is desired. In order to "do no harm", the expectations and underlying motives of the individual in relation to the wished for treatment should be explored thoroughly.

Methods

Aim of this workshop:
In a period when there are many innovations in surgical policies regarding the treatment of gender incongruence and a shift toward more shared decision making between patients and surgeons, we are aiming at (1) facilitating a dialogue between health professionals on the impact of these trends on how they handle (a)typical surgical request and (2) clarifying the criteria that are used by surgeons and other health professionals to accept or reject (a)typical requests. Finally, we e are hoping that health care professionals participating in the workshop afterwards feel more empowered when encountering diverse treatment requests of gender incongruent individuals.

Questions addressed during the workshop:
What diverse treatment requests did you come across?
Do these requests form an ethical dilemma?
What is your approach when it comes to atypical requests?
How do you handle treatment requests that transgress your professional boundaries?
Is there a need to draw a line for accepting or rejecting surgical requests? Per clinic? Per country? European? Worldwide?
If there is a need to draw a line, where should we draw it?

Method:
In an era of more acceptance of gender diversity and gender incongruence, we want to discuss these (ethical) questions in an interactive interdisciplinary workshop. Led by experts in the field of trans gender health care. The workshop will use clinical cases as a starting point
Depending on people count this can be done in smaller groups or engroup.

Results and Conclusions
Will follow from this workshop.

The ENIGI initiative: Lessons learned from multi-center follow-up studies in Europe

Friday, 12th April - 14:00: WS 3: The ENIGI initiative: Lessons learned from multi-center follow-up studies in Europe (Bramante 9)

Timo Nieder [1], ***Baudewijntje Kreukels*** [2], ***Els Elaut*** [3], ***Inga Becker*** [4], ***Gunter Heylens*** [5], ***Tim van de Grift*** [2], ***Guy T'Sjoen*** [6]

1. *University Medical Center Hamburg-Eppendorf,* ***2.*** *VU Medical Center,* ***3.*** *Ghent University Hospital,* ***4.*** *University Medical Center Hamburg,* ***5.*** *Ghent University,* ***6.*** *Uz Gent*

Background

Follow-up studies in healthcare are promising in their ability to report on the outcome of interventions. However, there are challenges for both researchers conducting the study as well as participants reporting on their life situation years after their first referral to a specialized clinic. Especially when it comes to rare phenomena, like individuals who follow uncommon treatment trajectories, follow-up studies often lack power due to small sample sizes.

The European Network for the Investigation of Gender Incongruence (ENIGI) was founded in 2007 with the goal to provide a standardized long-term assessment of healthcare in different countries. Four European gender clinics (Amsterdam, Ghent, Hamburg and Oslo) established a standardized protocol for the assessment of all individuals who entered specialized care. All individuals aged 17 years or above were asked to fill-in a standardized battery of self-administered questionnaires on gender, sexuality and mental health-related aspects of their lives. The aim of the study is to examine how pre-treatment factors relate to post-treatment outcome in terms of quality of life, social, psychological and sexual functioning. In addition, we will evaluate which factors will predict drop-out or regret

The endocrine part of the study was started in 2010, and aimed to describe in full detail the effects and side-effects of hormone treatment.

Methods

The ENIGI psychosocial research project so far collected baseline data of around 2000 individuals from four different countries as well as follow-up data from two cohorts around five years after first referral in three countries (FU1 and FU2; total N = 560). The workshop aims at presenting and discussing advantages and challenges of a European multi-center research project by reflecting on the methods used and samples that eventually participated in the follow-up study. We will provide recommendations for follow-up studies based on our own experience.

The ENIGI endocrine research project also has baseline data of 2000 participants, and recruitment is ongoing.

Results and Conclusions

Being without financial research funding since 2007, there were several major challenges for ENIGI. First of all, it continuously needs research assistants resp. fellows who are looking for both the data entry and the data base. When research staff is changing, in order to take care of data entry and data management, it needs a transparent and detailed description to ensure quality.

Secondly, the contact to the participants is highly important and needs to be cared for throughout the study. If participants who have provided baseline data are still coming to the gender clinic, facilitation of future contact and follow-up studies appeared easier than with those who dropped out of care. Therefore, a major challenge exists with regard to analysis of drop-out cases or with regard to those who discontinued care.

Therefore, clinical research almost always entails biases when it comes to the assessed samples. Ideas for possible future research approaches will be discussed.

The details of the endocrine protocol, short-term health data, data on body shape, bone health, breast development, changes in hematocrit and prolactin, and the results of some translational research and data on voice changes will be discussed.

Gender dysphoria; beyond the diagnosis

Friday, 12th April - 14:00: WS 4: Gender dysphoria: beyond the diagnosis (Bramante 10)

Johanna Olson-Kennedy [1]***, Aydin Olson-Kennedy*** [2]

1. *Children's Hospital Los Angeles/University of Southern California,* ***2.*** *Los Angeles Gender Center*

Background

Gender dysphoria is widely understood as the persistent emotional, psychological or physical distress experienced by individual's whose gender does not align with their sex at birth. The Diagnostic and Statistical Manual of Mental Illness outlines criteria that are positioned from a cisgender perspective, are limited in scope, and set up an unrealistic expectation that medical and/or surgical intervention will result in the eradication of gender dysphoria. This workshop proposes to present gender dysphoria as an experience beyond a criteria checklist, demonstrate how dysphoria shows up across different developmental stages, and how it impacts the lives of transgender children, adolescents and young adults. Understanding how gender dysphoria disrupts the lives of transgender individuals is critical to shaping our professional models of care. Dr. Olson-Kennedy is the medical director of the Center for Transyouth Health and Development, and has been providing medical intervention, advocacy and education for transgender children, adolescents and young adults for 12 years. She also spearheads a multi-site NIH grant that is aiming to understand the impact of early intervention among transgender youth on physiologic and mental health parameters. Aydin Olson-Kennedy is a Licensed Clinical Social Worker who has worked with underserved and marginalized populations over the course of his professional career. Aydin brings a unique perspective to his career as mental health professional, and as a transgender man who at one time needed similar mental health and medical services for himself. In 2015, Aydin joined the Los Angeles Gender Center and in 2016, he was hired as the Executive Director, where he continues to focus his work on creating accessible mental care for the gender non-conforming and transgender community, and their families. In addition to his role at the Los Angeles Gender Center and his full time private practice, Aydin speaks internationally to medical and mental health providers, educators, social workers and families on the importance of accessible, informed-consent model of care.

Methods

Using case examples, and interactive activities, this workshop will help attendees have an improved understanding of how gender dysphoria is impacting the developmental trajectories of transgender youth. We will explore the overlap of symptoms of gender dysphoria that often lead to diagnoses of ADHD, bipolar disorder, high functioning autism, and others. Co-presenter Aydin Olson-Kennedy, LCSW will explore mechanisms to identify and address gender dysphoria in transgender, gender non-conforming and non-binary individuals.

Results and Conclusions

Medical and mental health providers can improve care for transgender youth and young adults if their understanding of gender dysphoria can expand beyond the distress associated with the presence or absence of primary or secondary sex characteristics. Participation in this workshop will improve cultural competency and clinical skills of professionals working with transgender patients and clients.

Religion and mental health: influence of Hijra culture on the spirituality of transgender people

Friday, 12th April - 14:00: WS 5: Religion and mental health: influence of Hijra culture on the spirituality of transgender people (Bramante 11)

Aisha Mughal [1]***, Bubbli Malik*** [1]***, Raja Nadeem*** [1]

1. *Wajood Society*

Background

In South Asia gender is governed to confirm a stereotypical form of patriarchy that clearly demarcates the spheres for women and men. In predominantly Muslim society, which manifests distinctly dichotomous male and female roles, permits no place for any other gender in the religious sphere.

Transgender in Pakistani society, also termed as Hijra or Khawaja sara, isolate themselves in self-sustaining, close-knitted groups where a leader, or guru [word used in hijra or Khawaja sara culture for the leader/mentor], adopts transgender children after they have been rejected or disowned by their parents at a young age because of social stigma and personal shame associated with them (Wijngaarden, et al., 2013). The hijra community is composed of a strict hierarchy with outsized groups of hijras from various areas forming different dynasties or houses called 'gharanas'. Each of these gharanas is headed by a Naayak, who is the principal decision maker for that house (Kalra, 2012). Each Naayak may have a number of gurus under him. Hijras are marginalized and stigmatized gender minority in Pakistan (Jami & Kamal 2015). They are not allowed to perform Hajj (A religious obligation) like the rest of the Muslims and also other religious obligations.

Islamic teachings emphasize on maintaining the masculine identities by males and not to act in feminine way in terms of putting make-up, cross-dressing, taking hormones, or undergoing sex change operation (Yip, 2004). So, transgender people in Pakistan are considered to be violating the tenets of Islam, and consequently are delinquents in Pakistani society.

Nevertheless, a large number of Muslims in Asian countries practice a gentler, more tolerant faith, which is strongly influenced by Sufism where religious tolerance toward transgender people is still evident (Kugle, 2013). Some Hijra people found more comfort in keeping in touch with people of this school of thought.

Methods

The primary objective of this panel is to facilitate the 'representation' of marginalized voices, especially of trans and Hijra culture from the South Asian region, not by their mere participation, but by ensuring their agency and spearheading capacity by providing them centre-stage. 3 human rights and gender justice activists from Pakistan and Hijra Culture, which has a rich spiritual history, will head this panel, zooming in on their lived experience as Transgender rights activists. They will highlight, most importantly, how their Faith, Religion, Hijra culture and modern date trans activism benefits their community and societies as a whole.

Results and Conclusions

Religious and spiritual satisfaction leads toward mental peace and good health. Studying Hijra culture, which has a rich history of faith and Sufism, is an interesting case study from which Europe can learn. Spiritual status of Hijra members in South Asia brings attention to the fact how mental health is related to faith and religion.

Embodied Experiences: Gender Related Distress and Eating Disorders in Adolescence

Friday, 12th April - 16:00: WS 9: Gender Identity Development and Eating Difficulties in Adolescence (Bramante 7)

Anastassis Spiliadis [1], ***Anna Churcher Clarke*** [1]

1. *Tavistock and Portman NHS Foundation Trust*

Background

The number of young people presenting to gender identity services who also suffer from an eating disorder is increasing, as is the number of gender diverse and gender questioning young people presenting to specialist eating disorders services. This workshop integrates theory and practice around working with young people experiencing distress in relation to their developing bodies; specifically, those who present with both gender related distress and an eating disorder. The workshop will consist of a brief introduction to the work of the Tavistock & Portman's Gender Identity Development Service and The Maudsley Hospital's Child & Adolescent Eating Disorders Service; consider areas of overlap and potential conflict in the care of these young people, and offer the opportunity to engage with clinical examples and interactive exercises.

Methods

We will draw upon psychosexual developmental frameworks and wider systemic ideas to formulate the possible meanings of these complex intersecting experiences and consider what optimal care pathways might look like.

Results and Conclusions

We aim to explore opportunities to improve clinical practice both within and across UK NHS and European specialist services in this rapidly developing area.

Medical follow-up after the initiation of gender affirming hormonal therapy

Friday, 12th April - 16:00: WS10: Medical follow-up after the initiation of gender affirming hormonal therapy (Bramante 8)

Justine Defreyne [1], ***Laurens Van De Bruaene*** [1], ***Chantal Wiepjes*** [2], ***Nienke M Nota*** [2], ***Maartje Klaver*** [2], ***Christel De Blok*** [2], ***Dennis van Dijk*** [2], ***Marieke Tebbens*** [2], ***Alessandra Daphne Fisher*** [3], ***Yona Greenman*** [4], ***Sean Iwamoto*** [5], ***Giovanni Castellini*** [6], ***Thomas Schreiner*** [7], ***Koen Dreijerink*** [2], ***Martin Den Heijer*** [2], ***Guy T'Sjoen*** [8]

1. *Ghent University Hospital,* ***2.*** *VU Medical Center,* ***3.*** *Department of Experimental, Clinical and Biomedical Sciences, Careggi University Hospital, Florence, Italy,* ***4.*** *Tel Aviv Sourasky Medical Center,* ***5.*** *University of Colorado School of Medicine, Rocky Mountain Regional Veterans Affairs Medical Center & UCHealth Integrated Transgender Program,* ***6.*** *Department of Health Science, Careggi University Hospital,* ***7.*** *Oslo University Hospital,* ***8.*** *Uz Gent*

Background

Gender affirming hormonal therapy should be widely available to all transgender people. In the past few years, guidelines on medical care for transgender people have been updated, including the WPATH SOC 7 and the Endocrine Society Clinical Practice Guideline on Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons. Informing hormone prescribing physicians about transgender care may increase access to gender affirming hormones. However, some recommendations are based on scarce evidence or research that was not conducted in transgender people.

Methods

Guidelines for hormone therapy and follow-up will be discussed during the workshop. We will discuss the prevalence and time of occurrence of physical and biochemical changes, possible pitfalls when interpreting lab results, (prevalence of) possible side effects and how to treat undesirable effects. The workshop will also include hormone therapy in gender non binary people.

Results and Conclusions

Topics that will be included:

- physical changes (C. De Blok, A.D. Fisher): A overview of the literature on physical changes: which changes can be expected? What is the expected time frame?
- bone health (C. Wiepjes): Gender affirming hormone therapy has proven not to decrease areal bone mineral density over 1-3 years of follow-up. Dr. Wiepjes will present 10-year follow-up data and include fracture risk.
- cardiovascular health (L. Van de Bruaene): Studies describing a higher risk for cardiometabolic and thromboembolic morbidity and/or mortality in transgender women (but not transgender men) mainly covered data on transgender women using the nowadays obsolete ethinyl estradiol (EE) and are therefore no longer valid. Currently, the majority of the available literature on transgender people adhering to standard treatment regimens consists of retrospective cohort studies of insufficient follow-up duration.
- hepatologic safety (L. Van de Bruaene): According to the Endocrine Society guideline, hepatotoxicity is not anticipated in TM taking parenteral or transdermal testosterone, although they still mention severe liver dysfunction as a medical risk associated with testosterone therapy. We will discuss the risk for (severe) liver dysfunction in transgender people on gender affirming hormones and when to be vigilant.
- metabolic health (J. Defreyne): The current literature in transgender people provides no uniform evidence of in-

creased insulin resistance in transgender people on HT, although changes in other markers of insulin sensitivity have been reported.

- biochemical changes (D. Van Dijk): Changes in serum prolactin, hematocrit, hemoglobin occur within the first months of gender affirming hormonal therapy. To date, these changes in biochemical markers have not been associated with morbidity in transgender people.
- oncology (J. Defreyne): Both healthcare practitioners and TM themselves have expressed concern about the oncological risk of long term testosterone therapy, however, prospective studies with sufficient sample size and follow up duration are lacking.
- hormones and the brain (N.M. Nota): Dr. Nota will discuss brain sexual differentiation and effects of HT, brain functional connectivity patterns and the occurrence of brain tumours.
- mental health (G. Castellini): The change in psychological/psychiatric wellbeing and co-occurring morbidities after initiation of HT will be discussed.

What does the future hold for learning and development in the field of gender affirming surgery ?

Friday, 12th April - 16:00: WS11: What does the future hold for learning and development in the field of genital gender affirming surgery ? (Bramante 9)

Muhammed Al-tamimi [1], ***Marlon Buncamper*** [2], ***Marijke Houx*** [1], ***Wouter Van Der Sluis*** [1], ***Kristin de Haseth*** [3], ***Mark-Bram Bouman*** [2]

1. *Amsterdam UMC, location VU University Medical Center,* ***2.*** *VU Medical Center,* ***3.*** *VU*

Background

Worldwide the need for skilled gender surgeons has increased dramatically as a result of a growing transgender population that seeks genital gender affirming surgery. Also, the treatment of transgender people has evolved from a standardized approach to a patient-centered approach with multiple surgical options. Most surgeons are familiar with the traditional way of teaching and learning: looking over the shoulder of the master and observing the surgery. It looks easy, until we have to do it ourselves. Sooner or later, you realize you missed some important knowledge which forces you to take risks. Risks that may affect the surgical outcomes. However, delivering the best surgical care requires more than just a skilled gender surgeon. Delivering the best surgical care is a team sport, that involves all levels of staff including psychologists, endocrinologists, urologists, gynecologists, nurses, physicians assistants, physical therapists and anesthesiologists. Working in multidisciplinary teams limits adverse events and improves surgical outcomes. A great challenge lies ahead of us to train future surgical teams. Therefore, we urgently need a new and innovative way to train dedicated surgeons and their surgical teams to achieve the highest standards of care.

Methods

Attendees are members that are involved in the (surgical) care of transgender people. This workshop is an attempt to engage in thinking outside the box. Therefore, the workshop will have a 'group sketching' concept to encourage participants to think outside the box. Visual thinking can help to trigger and develop ideas that discussion and writing might otherwise leave unturned. Group sketching involves participants to build on each other's ideas. Each member of the team will sketch an image related in a central way to the topic 'The future of gender genital surgery'. Each sketch is then passed to someone else, who sketches another related image on the same piece of paper. This process is repeated multiple times around the group and the final images are then reviewed and discussed. The aim is to discover connections that individuals had not spotted on their own. The key words for the future of genital gender affirming surgery will be identified and captured in a short sentence of no more than 15-20 words

Results and Conclusions

The workshop is intended to produce a pencil-sketch from which ideas can be identified and actions defined.

Affirmative support outside the binary – an interdisciplinary view

Friday, 12th April - 16:00: WS12: Affirmative support outside the binary (Bramante 10)

Wiebke Rebetez [1], ***Alecs Recher*** [2]

1. *Dr.med., Child and youth psychiatrist, works in Zurich in their shared office specialized in support for trans people.,* ***2.*** *Master of Law and Diploma in remedial education and social pedagogy, is a specialist in trans human rights and holds the position of head of Transgender Network Switzerlands legal support service*

Background

A still small but growing number of studies shows that non-binary people have an even poorer mental health and quality of live than trans people who identify as female or male (e.g. JELLESTAD, LENA et al.: Quality of Life in Transitioned Trans Persons: A Retrospective Cross-Sectional Cohort Study, BioMed Research International, Vol. 2018, Article ID 8684625). As a minority, non-binary people are under an additional stress in strongly binary societies as they are inexistent in many languages, legal systems, medical care schemes, and the like.

But non-binary people, and by this also their living conditions and specific needs, are becoming more and more visible in social, medical and legal care givers practices. As professionals supporting the trans community we must ask ourselves how we can best support non-binary people individuals but also the non-binary community on a structural and by this political level. In this work, we cannot fall back on the common binary understanding of gender identity, gender expression and sex characteristics as it hinders an adequate and supportive care for non-binary people. Therefore, we need to reflect about our own working approaches, especially our communication, and radically think outside the binary gender boxes.

Methods

In this workshop, we share our expertise and experience as psychiatrist and lawyer in giving affirmative support to non-binary clients, including non-binary people affected by multiple discrimination, such as racism, age or disability.

Results and Conclusions

We want to make space for mutual learning, for an exchange of experiences and ideas on how to best support non-binary people without pathologizing or categorizing them.

Running a family therapy clinic within a gender identity service for young people and their families

Friday, 12th April - 16:00: WS13: Running a family therapy clinic within a gender identity service for young people and their families (Bramante 11)

Sarah Favier [1], ***Nicholas Stenning*** [1], ***Sarah Faithorn*** [1], ***Hayley Davies*** [1]

1. *GIDS Tavistock and Portman NHS Foundation Trust*

Background

Families have adjustments to make when young people are questioning their gender identity and making transitions. Previous family histories of relationships and communication are likely to influence these transitions. Family and significant others can be a powerful source of support for young people as they explore gender identity.

We will describe the forming of a family therapy clinic, how we work, clinical dilemmas and preliminary participation data from families.

Methods

We run a family therapy clinic in the Leeds base of the Gender Identity Development Service (GIDS), UK. We see families who sometimes find it difficult to communicate about the issues around their young person's gender identity. Our clinic provides a therapeutic and systemic context to think with families about how they can navigate the challenges specific to them. We use a reflecting team to offer families a variety of perspectives.

We have gathered some initial feedback from families participating in this clinic through use of questionnaires (SCORE) capturing quantitative and qualitative data.

Results and Conclusions

Preliminary results indicate a high level of satisfaction with the clinic. Our clinical view is that families make good use of this space to talk about and reflect on their experiences in relation to how gender affects their relationships. Initial feedback indicates that young people were able to discuss their gender identity more with their families.

We will invite workshop participants to consider the experiences of families they have worked with alongside anonymised case studies. We will share systemic approaches, methods and techniques which we have found useful. We aim to do this in an interactive manner.

Sexuality after gender affirmative surgery: an update

Friday, 12th April - 16:00: WS 14: Sexuality after gender affirmative surgery (Bramante 12)

Luk Gijs [1]***, Cecilia Dhejne*** [2]***, Timo Nieder*** [3]***, Müjde Ozer*** [4]***, Gennaro Selvaggi*** [5]***, Guy T'Sjoen*** [6]

1. *Amsterdam UMC,* ***2.*** *Karolinska University Hospital, 171 76 Stockholm,* ***3.*** *University Medical Center Hamburg-Eppendorf,* ***4.*** *VU Medical Center,* ***5.*** *Plastic Surgery Department, Sahlgrenska University Hospital, Gothenburg,* ***6.*** *Uz Gent*

Background

During the last five years, there has been a lot of new research on sexuality after gender affirming surgery. Furthermore, there has also been a rather strong move away the traditional binary (female – male), towards an acceptance of gender diversity and gender incongruence. However, there has not been done much research on the sexuality of gender diverse or gender incongruent individuals. This symposium will give

- An overview of the effects of gender affirming surgery on sexuality
- Evaluate the methodological quality of the designs used in research on sexuality
- A discussion and conclusion

Methods

This symposium will have the following presentations

.Introduction: Ozer & Gijs (Amsterdam): a short overview of the symposium: 5 minutes

.Hormonal treatment effects on sexuality: an overview: T'Sjoen (Gent):10 minutes

.Effects of gender affirmative surgery on sexuality in trans women: Selvaggi Gennaro (Gotheburg): 15 minutes

.Effects of gender affirmative surgery on sexuality in trans men: Ozer (Amsterdam): 15 minutes

.Sexual problems after gender affirmative surgery: what do we know? Timo Nieder (Hamburg): 15 minutes

.Interventions for sexual problems after gender affirmative surgery: what can we do? Cecilia Dhejne (Stockholm): 15 minutes

.Sexuality after gender affirmative surgery: quo vadis? Gijs & Ozer (Amsterdam): 5 minutes

.Discussion: 10 minutes

Results and Conclusions

The authors will present a global overview of what we know on sexuality of transgender persons after gender affirmative surgery. The lead questions will be: (1) what do we know? (2) what are clinical implications? and (3) which research is needed?

ICD-11: What it means to me - a dialogue among providers and community members about trans depathologisation

Friday, 12th April - 16:00: WS 15: A dialogue among providers and community members about trans depathologisation (Bramante 14)

Richard Köhler [1], ***Leo Mulio*** [1]

1. *Transgender Europe*

Background

In June 2018, the World Health Organization (WHO) released the long-awaited update to its medical classification system, the International Classification of Diseases v. 11 (ICD-11). This system lays out how medical procedures and interactions are diagnosed and coded so that patients and providers can receive care with continuity and clarity regardless of where they are in their country or the world. ICD-11 also is used for research and statistics collection through a consistent system. In the ICD-11 update, there are three significant changes related to the classification of trans-related diagnoses. (1) All previous diagnoses, which were coded as Mental and behavioural disorders, have been removed. (2) A new chapter on Conditions related to sexual health was created. (3) Within the new chapter, diagnostic codes of Gender incongruence in adolescence and adulthood and Gender incongruence in childhood were created.

Methods

This workshop seeks to host a frank discussion among healthcare providers and trans community members about the impacts of ICD-11, its forthcoming implementation processes, and strategies on how to engage collectively to ensure continued and/or improved access to trans-specific healthcare through these processes.
Note: Moderation will not tolerate psychopathologizing arguments or discussions; those wishing to have these conversations will be asked to do so elsewhere.

Results and Conclusions

This workshop seeks to foster stronger alliances among providers and community members and to encourage strategic thinking and planning when it comes to trans depathologization and ICD-11 at the national level.

Transgender Health Care in Europe: Italy

Saturday, 13th April - 09:30: Plenary Session IV: Transgender Healthcare in Europe (Michelangelo Ballroom)

Alessandra Daphne Fisher [1]

1. *Department of Experimental, Clinical and Biomedical Sciences, Careggi University Hospital, Florence, Italy*

Background

As in other European countries, transgender people in Italy have to face many barriers and difficulties in accessing healthcare. During the last years, an increasing interest has been shown in Italy by many scientific societies as well as by national institutions to implement access to health care for transgender people, overcoming cultural and healthcare barriers.

Methods

The aim of this talk is to describe the current Italian transgender clinical health care offer, providing also an historical overview.

Results and Conclusions

Many gender clinics exist in Italy, however, only some offer a multidisciplinary service. Moreover, gender affirming hormone treatment is covered by NHS only in some regions, creating inequalities across the country. Thus, transgender persons in Italy receive often non-homogeneous support and treatment. A court Authorization is requested to proceed toward surgery according to an Italian law defined on 1982. After the Constitutional Court decision in July 2015, legal name change can be authorized without gonadectomy. Centers offering specialized support to gender incongruent youths on the basis of international guidelines are relatively few and only recently set up. In order to define and develop a commonly accepted Italian approach to transgender adolescents, Italian guidelines in line with WPATH recommendations have recently been published.

Conclusions. The Italian context shows still many lacks in offering proper healthcare access to transgender people. However, some changes have been noticed.

Transgender Health Care in Europe: Ireland

Saturday, 13th April - 09:45: Plenary Session IV: Transgender Healthcare in Europe (Michelangelo Ballroom)

Vanessa Lacey [1]

1. *TENI*

Background

Ireland's healthcare service (HSE) has been providing transgender related services mainly through non-trans endocrine clinics, over the last 2 decades. However, in 2011 the HSE began collaborating with professional bodies and an Irish Trans NGO (TENI), with the objective of developing Trans related services for both adult and young-persons.

Methods

This presentation aims to set-out the challenges experienced, positives encountered and the key players involved in this process. The current state of services will be explained and our hopes for the future highlighted.

Results and Conclusions

The current state of services will be explained and our hopes for the future highlighted.

Transgender Health Care in Europe: Poland

Saturday, 13th April - 10:00: Plenary Session IV: Transgender Healthcare in Europe (Michelangelo Ballroom)

Bartosz Grabski [1], ***Marta Dora*** [2]

1. *Polish Sexological Society, Jagiellonian University Medical College, University Hospital Kraków,* ***2.*** *University Hospital Kraków*

Background

The lecture will present intricacies of transgender care in Poland.

Methods

First, social, political, and legal contexts will be presented, which influence both the health and well-being of transgender individuals as well as practitioners involved in assessment and health care. Next, the current situation in clinical services, which are rather scattered, based mostly on individual practitioners or networking rather than integrated multidisciplinary teams/centres will be displayed.

Results and Conclusions

In the end we will present our own experiences both form the public as well as private settings and we will try to elucidate areas of urgent change and action.

Sexual orientation during transition, fixed or fluid? A study in the ENIGI cohort.

Saturday, 13th April - 11:00: Mental Health Session III: Sexuality and sexual health (Bramante 8)

Brand Coumou [1], ***Justine Defreyne*** [2], ***Martin Den Heijer*** [1], ***Guy T'Sjoen*** [3], ***Els Elaut*** [4], ***Baudewijntje Kreukels*** [1]

1. *VU Medical Center,* ***2.*** *Ghent University Hospital,* ***3.*** *Uz Gent,* ***4.*** *Department of Sexology and Gender in Ghent, University Hospital Ghent, Belgium*

Background

L. Diamond (2012) suggested that CIS women show more fluidity in sexual orientation than CIS men, linking sexual orientation in CIS women to contextual influences. Does fluidity in sexual orientation in transgender persons follow the pattern of their gender assigned at birth, or the pattern of their gender identity? I.e. would sexual orientation show more fluidity in persons who were assigned female at birth (AFAB) than persons who were assigned male at birth (AMAB), or would sexual orientation show more fluidity in AMAB than in AFAB? The aim of the current study is to describe changes and shifts in sexual orientation prospectively during a gender affirming treatment.

Methods

In the ENIGI study, questions regarding SO (Kinsey scale, behavior, fantasy and attraction) are asked at baseline at the start of hormonal treatment, and after 3, 6, 9, 12, 24 and 36 months of hormonal treatment in assigned male at birth (AMAB) and assigned female at birth (AFAB) transgender persons. In this preliminary study we have narrowed our analysis to baseline and 12 months of hormonal therapy. For logistical reasons, data from Ghent and Amsterdam only (n=766) were selected. We aimed to prospectively assess changes in sexual fantasies, attraction and partnership status after the initiation of HT.

Results and Conclusions

At baseline, AMAB people fantasized about men (33%), women (28,8%) or both (31,1%). The majority of the AFAB people fantasized about women (61.4%) and less frequently about men (10.4%) or both (16.7%).

Sexual attraction as measured on a Kinsey scale did not change after 12 months of HT in AMAB (P=1.000) and AFAB (P=1.000) people compared to baseline.

Partnership status differed significantly among birth-assigned gender groups over the course of HT (P<0.001) and changed over the course of HT for both AFAB and AMAB people (P<0.001). At the initiation of HT, the majority of the AMAB (61.1%) and AFAB (50.1%) reported having no partner. After 12 months, 59.0% of the AMAB and 56.4% of the AFAB reported having a partner.

In conclusion, the transgender population is a very diverse population, which is also reflected in their sexual attraction preferences. Although partnership status may change over the course of HT in both AMAB and AFAB transgender people, with more people having a partner relationship, sexual attraction appears to remain stable over the first year of HT.

The interrelations between sexual dysfunction, sexual (dis)satisfaction and sexual pleasure in transgender individuals: results of the ENIGI follow-up study.

Saturday, 13th April - 11:15: Mental Health Session III: Sexuality and sexual health (Bramante 8)

Mauro Kerckhof [1]***, Baudewijntje Kreukels*** [2]***, Timo Nieder*** [3]***, Inga Becker*** [3]***, Tim van de Grift*** [4]***, Gunter Heylens*** [1]***, Els Elaut*** [1]

1. *Ghent University Hospital,* ***2.*** *Amsterdam UMC, location VU University Medical Center,* ***3.*** *University Medical Center Hamburg,* ***4.*** *Amsterdam UMC, loc*

Background

Recently, research attention for the sexual life of individuals diagnosed with Gender Dysphoria (GD, more commonly known as transgender individuals) is increasing. Research has shown that the prevalence rates of sexual dysfunction (including the experience of distress) in transgender persons who received Gender Confirming Interventions (GCI) were higher compared to the general population. However, less is known on the impact of having a sexual dysfunction on satisfaction with sexual behaviour, and its interrelation with sexual pleasure. Possibly, the relationship between sexual dysfunction and sexual pleasure differs between individuals in different treatment trajectories and also between individuals with or without a current relationship.

Methods

ENIGI, or the European Network for the Investigation of Gender Incongruence, is a multi-center study, aimed at describing large cohorts from several gender clinics (Kreukels et al, 2012). A follow-up study was designed to assess psychological symptoms, satisfaction with treatment, sexual health, social support, amongst other themes. The clinics of Amsterdam, Ghent and Hamburg ran two rounds of this follow-up study: a first round was conducted in 2013, aimed at the cohort that had first contact with the clinic during the years 2007, 2008 and 2009 (van de Grift et al, 2017). The same questionnaire was presented at the cohort that made first clinical contact during 2011, 2012 and 2013, in a second round during 2017. Both rounds resulted in a four to six year follow-up. In total, 560 individuals participated in the study. Participants filled in the Amsterdam Sexual Pleasure Index (ASPI) (Werner, Gaasterland, van Lunsen & Laan, in press), a recently developed questionnaire to measure sexual pleasure, and answered a broad range of questions about sexual dysfunctions (including the distress criteria).

Results and Conclusions

The present study will investigate the relation between different sexual dysfunctions and sexual pleasure. Further, we will assess whether participants with no further treatment plans experience more sexual pleasure compared to participants with further treatment plans. Finally, we expect to find a correlation between the experience of a sexual dysfunction, and negative sexual satisfaction/pleasure outcomes.

The prevalence of sexual dysfunction after Gender Confirming Interventions: results of the ENIGI follow-up study.

Saturday, 13th April - 11:30: Mental Health Session III: Sexuality and sexual health (Bramante 8)

Els Elaut [1]***, Mauro Kerckhof*** [2]***, Timo Nieder*** [3]***, Baudewijntje Kreukels*** [4]***, Inga Becker*** [5]***, Tim van de Grift*** [4]***, Gunter Heylens*** [6]

1. *Department of Sexology and Gender in Ghent, University Hospital Ghent, Belgium,* ***2.*** *Department of Endocrinology in Ghent, University Hospital Ghent, Belgium,* ***3.*** *University Medical Center Hamburg-Eppendorf,* ***4.*** *VU Medical Center,* ***5.*** *University Medical Center Hamburg,* ***6.*** *Ghent University*

Background

Just as cisgender persons, most transgender individuals strive towards a fulfilling and enjoyable sexual life; both before, during and after their social and medical transition. Little is known on which sexual dysfunctions (with distress) and sexual function disturbances (without distress) cause the biggest obstacles after Gender Confirming Interventions (GCI), initiated for the treatment of gender dysphoria.

Methods

ENIGI, or the European Network for the Investigation of Gender Incongruence, is a multi-center study, aimed at describing large cohorts from several gender clinics (Kreukels et al, 2012). A follow-up study was designed to assess psychological symptoms, satisfaction with treatment, sexual health, social support, amongst other themes. The clinics of Amsterdam, Ghent and Hamburg ran two rounds of this follow-up study: a first round was conducted in 2013, aimed at the cohort that had first contact with the clinic during the years 2007, 2008 and 2009 (van de Grift et al, 2017). The same questionnaire was presented at the cohort that made first clinical contact during 2011, 2012 and 2013, in a second round during 2017. Both rounds resulted in a four to six year follow-up. In total, 560 individuals participated in the study. This study will present the data-analyses for the 526 individuals that filled out the questions on sexual functioning.

Results and Conclusions

Sexual dysfunctions (including the distress criterion) were more prevalent in transgender individuals, compared to prevalence rates available from population-based surveys. In the group of sexually active trans women, distress on orgasm dysfunction was reported most often, followed by initiating and seeking sexual contact, and by dyspareunia. The most prevalent complaints of trans men were distress due to difficulties initiating and seeking sexual contact, fear of sexual contact, and distress on fear of injury during sexual contacts. Just as in the general population, co-morbidity of sexual dysfunction is highly prevalent. While GCI's can offer transgender individuals a better quality of life and self-esteem, health care providers should inform themselves on the specificity of transgender sexuality. A potential picture of sexual life after GCI should always be thoroughly addressed in counseling.

Gender Diversity and Psychological Functioning in Adolescents

Saturday, 13th April - 11:00: Mental Health Session IIIb: Symposium: Gender Diverse Identities: Development, Psychological functioning and Treatment Biographies (Bramante 9)

Nastasja M. de Graaf [1]***, Jos Twist*** [2]***, Polly Carmichael*** [2]***, Peggy Cohen*** [1]***, Thomas Steensma*** [1]

1. *Amsterdam UMC, location VU University Medical Center,* ***2.*** *The Gender Identity Development Service, Tavistock and Portman NHS Trust*

Background

It is apparent that young people seeking help through specialist gender services are a heterogeneous group who show that gender can be experienced and expressed in various ways. Over the last few years there is some evidence to suggest that both heterogeneity and complexity are increasing. There has been a rise in the number of people who are publicly identifying with, and outwardly expressing, a gender identity other than male or female. Further, it is suggested that there is a difference in psychological functioning between people identifying as trans compared to people holding a non-binary identity (Thorne et al., 2018). Our aim was to see if there is a difference in psychological functioning in gender diverse adolescents referred to specialist gender services.

Methods

473 adolescents referred to the Gender Identity Development Service UK (GIDS) were included in this study. 25.58% (N=121) were assigned male at birth and 74.41% (N=352) were assigned female at birth. The mean age of this sample was 15.31 years (SD = 1.35) with an age range between 12 and 18 years. The newly developed Gender Diversity Questionnaire (GDQ) was used to gather how adolescents self-define their gender identity when entering the specialist gender service. On basis of their self-defined identity, adolescents were grouped into three categories: Trans, Binary, Non-binary & Agender. Psychological functioning in this study was assessed at baseline with use of the Youth Self Report (YSR).

Results and Conclusions

Preliminary outcomes of this study showed that the majority of the adolescents presenting to GIDS in 2017 identified as Trans* (52.7%), 35.4% presented with a binary identity (identifying as “male” or “female”) and 10.5% identified with a non-binary identity (such as “genderfluid”, “genderqueer” or “Agender”). Furthermore, differences in psychological functioning and treatment wishes between the three identity-categories will be presented and discussed. This information will increase our understanding on the currently observed heterogeneity and complexity in adolescents referred to specialist gender services.

Non-binary gender identity development: A qualitative biographical interview study

Saturday, 13th April - 11:15: Mental Health Session IIIb: Symposium: Gender Diverse Identities: Development, Psychological functioning and Treatment Biographies (Bramante 9)

Annelijn Wensing-Kruger [1]***, Baudewijntje Kreukels*** [2]***, Henny Bos*** [3]***, Mathilde Brewaeys*** [1]***, Thomas Steensma*** [1]

1. *Amsterdam UMC, location VU University Medical Center,* ***2.*** *VU Medical Center,* ***3.*** *University of Amsterdam*

Background

With the increasing awareness in society, the (social) media and scientific literature that gender identities cannot be captured within the binary of male and female, knowledge on the development of individuals who identify as *neither*male nor female or as *both*male and female is lacking.

The current study aims to investigate non-binary gender identity development and the processes and factors involved in the desire to socially, legally and/or physically transition.

Methods

In this semi-structured biographical interview study, a total of 34 adolescents and young adults (Mean age 22.3 years) were interviewed. Fourteen of these individuals had a desire for medical treatment (7 birth assigned males, 7 birth assigned females) and were recruited at the Center of Expertise on Gender Dysphoria in Amsterdam, the Netherlands. Twenty-one individuals did not desire any medical treatment (9 birth assigned males, 12 birth assigned females) and were recruited from the general population. All individuals identified as non-binary.

The interviews focused on the processes and contextual and cultural factorsinvolved in the discovery and formation of the young people's non-binary gender identities.

All interviews were transcribed in verbatim, reviewed and analyzed using the qualitative analysis software package ATLAS.ti. Using the method of open coding, coding categories were generated, discussed in the research group, and applied to all transcripts.

Results and Conclusions

The results from this study aim at the following 3 outcomes:

1. Description of the reported developmental routes and factors involved in gender identity exploration and identification sequence for all interviewed non-binary identifying adolescents and young adults.
2. Comparison of the developmental trajectories between adolescents and young adults, who were referred to a specialized gender clinic (with treatment wish) and those who were recruited from the general population (without treatment wish)
3. Possible differences in developmental trajectories and the factors / processes involved between birth assigned males and females.

Psychological well-being in clinically referred gender diverse adults

Saturday, 13th April - 11:30: Mental Health Session IIIb: Symposium: Gender Diverse Identities: Development, Psychological functioning and Treatment Biographies (Bramante 9)

Thomas Steensma [1]***, Nastasja M. de Graaf*** [1]***, Annelijn Wensing-Kruger*** [1]***, Nina De Wet*** [1]***, Mathilde Brewaeys*** [1]***, Baudewijntje Kreukels*** [1]

1. *Amsterdam UMC, location VU University Medical Center*

Background

Simultaneously to the increase in referrals to specialized gender identity clinics over the years, the composition of the referred population has become more diverse in several ways. Beside the observed changes in sex ratio's and treatment desires, the diversity of expressed and experienced gender identities has clearly increased. A growing proportion of the clinically referred population identifies outside the binary of male or female (i.e. non-binary, genderqueer).

The result of the recent growth of this group of non-binary identifying individuals is that clinicians and mental health professionals are increasingly confronted with a group that they know relatively little about when it comes to development, treatment desires and their psychological well-being.

The aim of the current study was to explore associations between diverse gender identities and psychological well-being in adults referred to a specialist gender identity clinic.

Methods

In a sample of 252 assigned females at birth (*M*age 25.2, *SD* 11.9), and 317 assigned males at birth (*M*age 31.6, *SD* 12.9), referred to the Center of Expertise on Gender Dysphoria in Amsterdam, the Netherlands, diversity in gender identity was measured with use of the *Gender Queer Identity Scale*(GQI; McGuire et. al., 2018). We explored how diverse gender identities (degree of gender diversity on the GQI) were associated with psychological well-being (scores on the Symptom Checklist-90-R (SCL-90; Derogatis, 2000) and two Quality of Life measures; Life as a whole (Bradburn, 1969) and Social Readjustment Scale (Holmes & Rahe, 1967).

Results and Conclusions

Preliminary analyses show that a larger degree of gender diversity (less binary identification) was associated with lower quality of life scores and increased psychological symptom scores in both birth assigned males and females. We will present these findings in more detail, provide possible explanations and discuss them in terms of clinical relevance.

Gender Identities and treatment biographies in transgender individuals: Comparing the ENIGI follow-up sample with a community sample

Saturday, 13th April - 11:45: Mental Health Session IIIb: Symposium: Gender Diverse Identities: Development, Psychological functioning and Treatment Biographies (Bramante 9)

Timo Nieder [1]***, Andreas Koehler*** [1]***, Baudewijntje Kreukels*** [2]***, Els Elaut*** [3]***, Gunter Heylens*** [4]***, Thomas Steensma*** [2]***, Inga Becker*** [5]

1. *University Medical Center Hamburg-Eppendorf,* ***2.*** *VU Medical Center,* ***3.*** *Ghent University Hospital,* ***4.*** *Ghent University,* ***5.*** *University Medical Center Hamburg*

Background

Following a binary understanding of gender as female or male, transgender individuals were expected to experience themselves as a sex/gender opposite to their sex assigned at birth (Nieder & Richter-Appelt, 2011). In line with this, transgender healthcare (THC) and related research were conducted according to the gender binary. As the transition from male to female and vice versa was and still is paramount for a large group within the transgender spectrum, there are individuals not fitting into the gender binary (e. g., genderqueer, non-binary) but seeking transition-related healthcare as well (Richards et al., 2016). Although there are data from large surveys from the US and the EU capturing around 1/3 transgender individuals identifying as diverse, genderqueer and/or non-binary (EU-FRA, 2014; Grant et al., 2011), data from clinical studies largely lack information about this group so far. Hence, the numbers seem to differ between clinical and non-clinical samples, and little is known about implications of various genders on treatment biographies.

The overall aim of the analysis is to compare the distribution of gender identities and treatment biographies in trans individuals between a European clinical and a German non-clinical sample. The research questions in detail are (1) whether trans individuals from a community sample differ from those of a clinical sample at follow-up regarding the distribution of gender, (2) whether they differ with regard to their (undergone and further intended) gender-related medical interventions, both between the sample groups (clinical vs. non-clinical) as well as between the groups based on the binarity of gender (binary vs. non-binary), (3) if genital surgery plays a crucial role differencing between binary and non-binary identified trans individuals in the clinical sample (as it was the case in the non-clinical sample (Koehler et al., 2018)), and (4) if demographical and/or clinical aspects are associated with the decision to undergo certain gender-related medical interventions (and possible differences between binary and non-binary identified individuals).

Methods

Therefore, the present study aims to compare a large clinical sample from the ENIGI follow-up study with a non-clinical community sample, which was assessed via an online-survey for transgender individuals in Germany. The clinical sample was collected as a part of the ENIGI initiative with an online questionnaire filled-in by n=526 trans individuals. All participants had their clinical entry in specialized care in Ghent (BE), Amsterdam (NL) or Hamburg (GER). The non-clinical sample was collected within a research project on the needs and concerns of transgender individuals regarding interdisciplinary transition-related healthcare in Germany. N=415 participants completed an online questionnaire (Eyssel, Koehler, Dekker, Sehner, & Nieder, 2017).

Results and Conclusions

Based on preliminary analyses, we expect a higher number of transgender individuals identifying as diverse, genderqueer and/or non-binary in the community sample compared to the clinical sample (even at follow-up). We expect non-binary transgender individuals to report lower numbers of undergone and further intended treatments, especially regarding treatments focusing on primary sex characteristics. Moreover, we expect differences regarding demographical data (e. g., age, education) between binary and non-binary individuals. Both clinical and non-clinical implications of the findings will be discussed.

Body dissatisfaction and internalising problems predict health related quality of life outcomes in transgender adolescents

Saturday, 13th April - 11:00: Children & Adolescents III: Transgender clinics around Europe (Bramante 7)

Inga Becker [1]***, Mieke Röder*** [1]***, Claus Barkmann*** [1]***, Ulrike Ravens-Sieberer*** [1]***, Michael Schulte-Markwort*** [1]***, Hertha Richter-Appelt*** [1]

1. *University Medical Center Hamburg*

Background

Transgender adolescents who apply for gender dysphoria (GD) related treatment often experience a marked increase in body related distress when entering puberty, in many cases accompanied by internalizing problems and poor peer relations. Although adolescence is a time of considerable psychosocial and physical change, generally associated with a decline in Health Related Quality of Life (HRQoL), research on HRQoL in transgender youth and possible predictors is sparse. This study thus aims to explore the predictive value of different body image factors (body satisfaction and weight concerns) and emotional and behavioral problems (internalising and peer related problems) for HRQoL.

Methods

This cross-sectional one-group observational study on adolescents was carried out at the Child and Adolescent psychiatric department (Gender Identity Service) in Hamburg, Germany. A sample of n = 126 (103 trans male and 23 trans female) adolescents, who were referred for GD related counselling and/or treatment completed different standardized instruments before undergoing any sort of treatment (referral between 2013 and 2016). Firstly, five dimensions of HRQoL were explored in transgender youth in relation to the German norm population, and secondly, a linear regression model was applied to assess the impact of body image (measured via the HBDS) and emotional and behavioral problems (measured via the YSR) on overall HRQoL.

Results and Conclusions

HRQoL was generally impaired in transgender adolescents compared to norm scores, especially with regard to aspects of psychological and physical well-being. Linear regression analysis revealed that lower HRQoL outcomes were significantly predicted by greater internalizing problems and less body satisfaction, but not by peer relation problems or weight concerns.

Thus, impaired HRQoL may be explained by high degrees of internalizing problems and low body satisfaction. Therefore, one important aim of mental health professionals working with transgender youth should be to provide appropriate treatment and counseling options that may contribute to diminishing internalizing and body image related problems, and thus to overall well-being in the long-term.

Suicidality in Adolescents Diagnosed with Gender Dysphoria: A Cross-National, Cross-Clinic Comparative Analysis

Saturday, 13th April - 11:15: Children & Adolescents III: Transgender clinics around Europe (Bramante 7)

Nastasja M. de Graaf [1], Thomas Steensma [2], Polly Carmichael [3], Peggy Cohen [1], Annelou de Vries [2], Baudewijntje Kreukels [2], Doug P. Vanderlaan [4], Kenneth Zucker [4]

1. *Amsterdam UMC, location VU University Medical Center,* ***2.*** *VU Medical Center,* ***3.*** *The Gender Identity Development Service, Tavistock and Portman NHS Trust,* ***4.*** *University of Toronto*

Background

Youth with a minority sexual orientation and/or gender identity have been reported to be at an elevated risk for suicidality. Concern about suicidality among youth diagnosed with gender dysphoria has become an urgent clinical issue in many narrative reviews pertaining to best-practice. For youth diagnosed with gender dysphoria, however, there have been only a few empirical studies, with variation in source of ascertainment and in how suicidality was measured. Of the studies that used samples of clinic-referred youth diagnosed with gender dysphoria, none utilized any type of clinical comparison or control group.

Methods

The present study examined suicidality in adolescents diagnosed with gender dysphoria (M age, 15.98 years) seen at specialty clinics in Amsterdam, the Netherlands, London, England, and Toronto, Canada (total N = 2737). Suicidality was measured using two items from the Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR): Item 91 ("Talks about killing self") and Item 18 ("Deliberately harms self or attempts suicide"). The CBCL/YSR referred and non-referred standardization samples from both the U.S. and the Netherlands were used for comparative purposes. Both items were rated on a 0-2 point scale for frequency of occurrence. Two types of analyses were conducted. First, we used multiple regression to predict suicidality. The predictor variables were Clinic, birth-assigned sex, age at assessment, year of assessment, a 3-item CBCL/YSR metric of poor peer relations, and the sum of all other items rated as a 1 or a 2 on the CBCL and YSR. Second, we compared the percentage of youth diagnosed with gender dysphoria who endorsed these two items compared to youth in the CBCL/YSR standardization samples.

Results and Conclusions

With the exception of birth-assigned females from the London clinic, "Talks about killing self" was more common than "Deliberately harms self or attempts suicide." For both the CBCL and the YSR, two variables predicted suicidality: Clinic and the sum of all other behavioral/emotional problems rated as a 1 or a 2. Both the London and Toronto youth diagnosed with gender dysphoria had a higher rate of suicidality compared to the Amsterdam youth. Although poor peer relations was associated with suicidality, it did not remain in the regression equations once all of the other CBCL/YSR items were taken into account. Compared to the CBCL/YSR standardization data, the rate of suicidality of the youth diagnosed with gender dysphoria from all three clinics was significantly higher than non-referred youth in the standardization sample, but more similar than different from the referred youth in the standardization sample. We discuss these results in relation to both gender identity specific and more general risk models of suicidality, the need for more detailed assessment methods of suicidality, particularly with regard to the distinction between bona fide suicide attempts and self-harm (e.g., cutting without the intent to commit suicide),

and possible reasons for the cross-clinic variation in degree of suicidality.

An overview of numbers and of the well-being of the Flemish youth in the pediatric gender clinic

Saturday, 13th April - 11:30: Children & Adolescents III: Transgender clinics around Europe (Bramante 7)

Gaia Van Cauwenberg [1]***, Karlien Dhondt*** [2]***, Joz Motmans*** [2]

1. *Ghent University Hospital,* ***2.*** *Ghent University*

Background

This presentation presents an evaluation of the first decade (January 2007 - December 2016) in working with adolescents between 12 and 18 years old. We will present the number of intakes, the mean age and how many dropped out, alongside the emotional and behavioral well-being of the gender-referred adolescents at the time of intake, by analyzing the CBCL and YSR outcomes.

Methods

Information about the adolescents (such as date of birth, gender assigned at birth, year of referral, date of intake, how many had stopped the counseling) was collected from the patient's files by the practitioners. These data were anonymized and passed on to the researchers.

The adolescents and their parents had been asked to fill out the YSR and CBCL questionnaires during the diagnostic stage. In 2018 these adolescents and their parents were contacted again and asked for their permission to use the collected data for this study. Of the 177 adolescents who had an intake during the selected time period, only 59 gave their written consent to use their CBCL and YSR questionaires. The dependent variables are the mean total problem score, the mean score for the internalizing problems and the mean score for the externalizing problems. We also developed a peer relations scale.

The second part of this study consisted of contacting the drop-outs to ask why they stopped the counseling at the Pediatric Gender Clinic. Thirty-nine adolescents were contacted in writing to ask if one of the researchers could phone them to ask them some questions. Only four drop-outs responded with a positive answer.

Results and Conclusions

Of the 235 referrals 35 adolescents are excluded based on the inclusion criteria (33 had an intake in 2017 and two in 2018), 12 were directed to the adult team at the time of the referral and 11 never made an appointment or never showed up at their appointment. This gives us a total of 177 participants. The mean age at intake was 15.01 years old (SD=1.42), and there were 113 (63.8%) AFAB's and 64 (36.2%) AMAB's. During their counseling, 12 young adults were referred to the adult team.

Because of the low response rate, we only have 42 CBCL scores and 52 YSR scores. For both the YSR and the CBCL, adolescents score significantly higher on the internalizing problem score than on the externalizing problem score. When comparing the externalizing problem scores, we see significantly higher scores on the CBCL than on the YSR. The multiple linear regression only shows an effect of the peer relations scale on the CBCL total problem score.

29 of the 177 (16.4%) stopped their counseling at the pediatric gender clinic. Significantly more AMAB's (N=19) than AFAB's (N=10) stopped the counseling.

Seven (20%) re-referred to the adult clinic of the same hospital later in life. It is unknown how many of them went through a transition.

Gender Dysphoria related to Psychopathology and Quality of Life in Swiss Transgender Youth

Saturday, 13th April - 11:45: Children & Adolescents III: Transgender clinics around Europe (Bramante 7)

Dagmar Pauli [1]***, Nicole Fluetsch*** [1]***, Juliane Ball*** [1]***, Manuela Guenthard*** [1]

1. *Zurich University*

Background

Transgender adolescents suffer from gender dysphoria but frequently also from co-occurring psychopathology, such as depression, suicidality and anxiety. In a previous study we compared Swiss adolescents diagnosed with young transgender adolescents of gender clinics across Europe (Belgium, England and the Netherlands). Swiss and English transgender youth seemed to suffer more from internalized psychopathological symptoms at time of referral such as depression and anxiety and show less quality of peer relation than those from Belgium and the Netherlands. In our study we aim to follow transgender adolescents in Switzerland over the course of treatment to examine about their quality of life and rate of psychopathology over time and after receiving treatment.

Methods

N=85 Adolescents (64% assigned girls, 36% assigned boys) in a consecutive sample of the transgender clinic of the Child and Adolescent Psychiatric University Hospital in Zurich have been examined with questionnaires related to psychopathology (Child Behavior Checklist CBCL and Youth Self Report YSR), gender dysphoria (Utrecht Gender Dysphoria Scale UGDS, Gender Identity/ Gender Dysphoria Questionnaire for Adults and Adolescents GIDYQ-AA), family life (Family Assessment Device M-FAD), body satisfaction (Body Image Scale BIS) and quality of life (Kidscreen-27). In a follow up study we contacted all 62 patients with a referral more than 12 month ago and used the same questionnaires as well as a treatment satisfaction scale.

Results and Conclusions

The study confirms high rates of psychopathology measured by CBCL and YSR and very high gender dysphoria rate measured by UGDS in transgender youth in Switzerland at time of referral. During the course of treatment after one year gender dysphoria remains high, but rates of psychopathology and quality of life improve as well as peer relations. Most of the adolescents (90%) received hormone treatment. Treatment satisfaction is high or very high in 81% of the examined youths.

Appropriate treatment seems to lower the burden of psychopathology and improve quality of life in transgender youth.

Access to health care among trans population in Europe

Saturday, 13th April - 11:00: Social Sciences Session III: Access to health care among trans populations in Europe (Bramante 10)

Alain Giami [1]***, Henri Panjo*** [1]***, Cristiano Scandurra*** [2]***, Paolo Valerio*** [2]***, Elsa Almås*** [3]***, Esben Esther Benestad*** [4]***, Tor-Ivar Karlsen*** [4]***, Silje-Håvard Bolstad*** [4]***, Carla Moleiro*** [5]***, Violeta Alarcao*** [6]

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Background

The symposium is part of an international project titled: "Trans Health and Citizenship: International comparisons". The project is currently developing in France (INSERM – CESP), Denmark (Aalborg University), Italy (Sinapsi, University Federico II of Napoli), Norway (Dept of Health Sciences, Agder University), Portugal (ISCTE-IUL, University of Lisboa), and Brazil (Instituto de Medicina Social, State University of Rio de Janeiro).

The objective of the whole project is to develop national knowledge about trans situations (including transgender, trans identity, travestis, gender incongruence, etc…) which will allow international comparisons in order to understand the specificity of each countries, the characteristics of the trans populations and their internal diversity, and also the strengths and limitations of policies towards trans people performed in each of these countries.

Methods

A questionnaire was previously developed in France (Giami & Beaubatie, 2014) and was translated and culturally adapted to Italian, Portuguese, Norwegian, using a forward-backward translation procedure. The final version of the questionnaire were tested on a reference group of trans people before being used in the survey. The survey consisted of 129 items, aimed to collecting data on socioeconomic status, gender affirmation process, health, sexuality, sexual health and discrimination. In each country, partnership with local trans organizations and health professionals were developed and when possible a steering committee including representants of trans organizations and health professionals accompanied the project across performance.Question about gender identification were included as open ended question which allow to collect self-definitions of trans people which were analysed and built into specific categories. Local Ethical committees approved the project in each country.

Results and Conclusions

The study of trans situations in the participating countries raises important issues regarding access to health care and citizenship but also questions related to self determination, autonomy, the right at disposal of one's body, equality, discrimination based on gender, sexual orientation and appearance. The symposium will explore more specifically access to health care institutions, including gender affirming process, access to hormone, surgeries, mental health issues, etc. and will raise questions about these difficulties. Important differences between countries were observed including mode of self identification, access to health care or wish/access to genital surgeries and hormonal treatment. Gender self definition appeared as predictor of the pathways carried by trans people. Results from Italy, Norway, and Portugal will be presented in order to open comparative discussions about the situation and difficulties of access to health care in Western and Northern Europe .

Health and Citizenship of Trans People in Portugal: research-informed training actions to prevent discrimination based on gender expressions and identities

Saturday, 13th April - 11:15: Social Sciences Session III: Access to health care among trans populations in Europe (Bramante 10)

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Background

National and international evidence indicates high levels of discrimination and social exclusion among trans people, as well as inequities in access to fundamental spheres of citizenship such as health, education, employment, or safety. Research has also revealed the need for information, awareness and training targeting diverse audiences in matters of gender and gender identity.

The Health and Citizenship of Trans People in Portugal study aims to validate the research protocol and the questionnaire developed by the INSERM team and applied in France, as part of a research project titled 'Trans and sexual health', that will be used in a survey to be carried in a partnership between academia and trans associations and health professionals in Portugal. This partnership intents to establish long-term research and health promotion activities contributing to health in general, and sexual health in particular, as a vital resource available to all individuals, regardless of their personal, social and cultural context. Also, these activities will give visibility to trans minorities and promote their citizenship.

Methods

The overall project aims are to: (i) implement a national survey in order to study the sociodemographic characteristics, access to medical, and psychological care, and state of health among trans individuals in Portugal; (ii) develop information and awareness actions among college students (future actors in the social network of trans people), health professionals and other social stakeholders, and society as a whole in the area of trans health in order to combat discrimination based on gender, gender expressions and gender identities, in particular in the access to physical and psychological health, and the full experience of citizenship of Trans people; and (iii) draw training actions for professionals of social, community and health intervention for the development of affirming skills to support and intervene with Trans people in Portugal.

Results and Conclusions

Preliminary results (qualitative and quantitative) will be presented.

The expected results of the project are to increase the awareness, knowledge and technical skills related to health care for a variety of trans people in Portugal, reducing inequities in access to health and full experience of citizenship, and seeking to meet international commitments to respect human rights of trans people (i.e. based on the gender, gender expressions and identities).

Gender Self Definition for Measuring Transition Pathways in Norway

Saturday, 13th April - 11:30: Social Sciences Session III: Access to health care among trans populations in Europe (Bramante 10)

Silje-Håvard Bolstad [1]***, Tor-Ivar Karlsen*** [1]***, Esben Esther Benestad*** [1]***, Elsa Almås*** [1]***, Alain Giami*** [2]

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Background

Sex – the binary man/woman distinction – is the first variable used in most demographic, sociological or epidemiological surveys. The inclusion of people who do not fit into the sex/gender binary model is both a scientific and a political problem. The presentation is part of the project "Trans Health and Citizenship: International comparisons". In this project, gender identification is an open question, i.e. verbatim that participants use to define themselves, and the responses were constructed as subgroups categories and used as independent variables for analyzing responses. It is important to elaborate categories that trans people use to define themselves. These categories can be used both by clinicians, researchers and others to understand and explain the basic differences inside this diverse population. Doing so, discussions on gender issues will be more ethical and valid.

Methods

The original framework from the French survey was developed and adapted to the Norwegian context. In the Norwegian survey, a total of 336 respondents provided a qualitative description of their gender identity. These ranged from one-worded descriptions like "man", "trans" or "agender" to more complex descriptions like "non-binary trans girl" or "man, partially genderqueer, and trans".

Results and Conclusions

The following six gender identity categories were elaborated: *man; woman; trans man; trans woman; non-binary; agender*. We report our initial analysis aimed at describing similarities and differences between these subgroups on key variables related to the gender transition process.

When thinking about their transition process as completed or not, those who identify as *trans men* and *trans women* do not differ from *men* and *women*. In contrast, those who identify as *non-binary* or *agender* more often report *not knowing* if their process is completed. Those who identity as *men*, *women* or *trans men* are more likely to apply for a legal gender change than *trans women* and *non-binaries*, while none of the *agenders* have applied. The *non-binaries* and *agenders* are less likely to seek assessment for gender incongruence. *Men* and *trans men* are more likely to have obtained the F64.0 diagnosis, while *women*, *trans women* and *non-binaries* are more likely to have had their assessment cancelled. *Trans men* are as likely as *men* to be using hormones, while *trans women* are less likely than *women*. Fewer *non-binaries* are using hormones, but more than one third do. *Trans men* want breast removal as much as *men*, and *trans women* want breast augmentation as much as *women*. The *non-binaries* are less likely to want breast surgery, but 32-65% of them do. A minority of the total sample (8%) has had experience with genital surgery, and there is no significant difference between subgroups. However, *men* are more likely than *trans men* to express a wish for genital surgery, while *women* are not more likely than *trans women*. The *non-binaries* and *agenders* are less likely to want genital surgery, but one third of them do.

We propose the following gender identity categories:*man; woman; trans man; trans woman; non-binary; agender*.Our initial analyses indicate that these categories are relevant to understand empirical distinctions.

Transition Path and Gender Identification in a Sample of Italian Transgender and Gender Nonconforming People

Saturday, 13th April - 11:45: Social Sciences Session III: Access to health care among trans populations in Europe (Bramante 10)

Roberto Vitelli [1], ***Cristiano Scandurra*** [1], ***Anna Lisa Amodeo*** [1], ***Rosa Pacifico*** [2], ***Maria Serena Selvino*** [2], ***Paolo Valerio*** [1], ***Alain Giami*** [3]

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Background

Italian studies assessing the multifaceted transgender and gender nonconforming (TGNC) subjective experiences are still very limited. Within the international project "Health and citizenship among trans individuals" developed in France, Italy, Brazil and Norway, this Italian study aims at exploring the socio-demographic characteristics and the role that hormonal treatments and Gender Affirming Surgery (GAS) play in gender identifications and transition pathways.

Methods

One hundred sixty-seven Italian TGNC individuals (71 trans women and 96 trans men) participated in a survey assessing socio-demographic information, feelings about one's own identity and transition paths by means of medical/psychological treatments. Two main indicators (sex assigned at birth and gender self-identification) were used to analyze medical and legal pathways.

Results and Conclusions

A strong heterogeneous diversity of this population, whose definition cannot be restricted to binary categorization and which differently make recourse to hormonal treatment or GAS, emerged. An increasing trend in self-identifying in non-binary gender identifications was detected, although the majority of the sample still expressed the need of undergoing GAS.

Paths leading to suicide attempts among Norwegian trans people

Saturday, 13th April - 12:00: Social Sciences Session III: Access to health care among trans populations in Europe (Bramante 10)

Tor-Ivar Karlsen [1], ***Alain Giami*** [2], ***Esben Esther Benestad*** [1], ***Silje-Håvard Bolstad*** [1], ***Elsa Almås*** [1]

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Background

The literature suggests that the suicide risk is higher in the trans population compared to both the LGB-population and the general population. Attempted suicide is shown to be the strongest predictor for later suicide attempts. Some studies report that more than one third of trans people have attempted suicide in their lifetime. However, surveys of trans people are often limited to subgroups (eg. only trans men/women, sex workers, SRS etc.) and few studies have explored the relationship between self-harming, suicidal ideation and suicide attempts in open surveys. Our aim was to assess the prevalence of these factors in the Norwegian trans population and to suggest associations between these.

Methods

A French questionnaire (Giami & Beaubatie, 2014) was translated and culturally adapted to Norwegian, using a forward-backward translation procedure. The final version was tested on a reference group of trans people. The survey consisted of 129 items, aimed to register data on socioeconomic status, gender transition, health, sexuality and discrimination. A website was designed where the study was explained and a link to the survey was given. After approval from the Norwegian Regional Committee for Medical and Health Research Ethics the anonymous survey was performed digitally between April 5th and August 1st 2018. A total of 538 respondents answered the web-questionnaire. Through structural equation modelling (SEM) a path-model was designed to test associations between relevant independent variables (age, education, employment status, assigned gender at birth, shame of being trans, depressive episodes, self-harming, and suicidal ideation) and suicide attempts. Only statistical significant associations with p-values <.05 and corresponding standardized regression coefficients (beta) are reported.

Results and Conclusions

One third of the respondents got the web-site URL from health care providers (17%) or organizations (16%). The rest (67%) found it through social media. Respondents assigned female gender at birth (64%) were younger than those assigned male gender. More than half of the sample (56%, n=226) reported depressive episodes of more than 2 weeks duration during the last 12 months, 48% (n=189) reported self-harming, 84% (n=247) reported suicidal ideations, and 29% (n=118) reported suicide attempts. Among those who attempted suicide, 91% (n=108) did it before start of bodily adjustments. The SEM path-model had an acceptable fit (CFI=.934 and RMSEA=.056) and showed that suicide attempts were associated with self-harm (beta=.28) and suicidal ideation (beta=.33). Self-harming was in turn associated with depressive episodes (beta=.22), education (beta=.12), and age (beta=.28). Suicidal ideation was associated with depressive episodes (beta=.25) and employment status (beta=-.17). Assigned gender at birth was associated only with age (beta=.31), and shame of being trans was associated only with depressive episodes (beta=.39).

Our data suggest that depressive episodes, self-harming and suicidal ideation are associated with suicide attempts, and that these symptoms should be of special interest for clinicians serving this population. Protective factors seem

to comprise employment status (being in paid work) and having higher education.
Since our data suggest that most suicide attempts happen during the first phases of the transition process, clinicians should be especially focused on depressive episodes, self-harming and suicidal ideation during the initial consultations.

Effectiveness of an online decision aid for fertility preservation in trans men

Saturday, 13th April - 11:00: Social Sciences Session IIIb: Fertility (Bramante 11)

Norah Van Mello [1], ***Victor van Hofwegen*** [2], ***M. Verhoeven*** [3], ***Müjde Ozer*** [1], ***Garry Pigot*** [1], ***Freek Groenman*** [3], ***Judith Huirne*** [1]

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Background

Treatment options to live in accordance with the gender experienced can be hormone therapy and/or genital surgical interventions. These options both have a negative effect on fertility. In the Netherlands legislation has only changed in 2014, before that time sterilization was obligatory for transgender people. It is possible for transgender people to become a biological parent, but very little transgender specific information about fertility and fertility preservation (FP) is available. An online patient decision aid (PDA) has been developed with the perspective and experience of trans men about the FP options for trans men.

Methods

A semi-structured qualitative pilot-study has been conducted to investigate the attitude towards the PDA for FP in trans men. The participants were all scheduled for fertility counseling by a gynaecologist, or currently in diagnostics at the outpatient clinic. Three groups were made: Group A (PDA prior to consultation), Group B (consultation and the PDA afterwards (standard care)) and Group C (Only PDA). Primary outcome was the decisional conflict measured with the decisional conflict scale (DCS). Other outcomes were preparation for decision making (Prep-DM), attitude towards the PDA and attitude towards the fertility counseling.

Results and Conclusions

Group A (n=8) had a significant decline in decisional conflict after PDA + consultation (DCS1 total mean 47.9 to DCS2 total mean 28.7 (p=.012)). Group B (n=13) felt better informed after seeing the PDA. Group C was divided into the two groups subject to whether they were interested in FP options prior to using the PDA or not. The interested group (n=22) showed significant decline in DCS scores after PDA (DCS1 mean (sd) 42.1 (3.3) to DCS2 mean (sd) 28.7 (2.8)(p<.001)). Those who were not interested were consistent with their choice (n=19) 28.9 (3.2) vs 25.2 (1.7) (p=0.45). Conclusion: For trans men with interest in FP options the online PDA for FP options decreased the decisional conflict and helped to feel better informed about the divers options.

Reaching for parenthood: A phenomenological study of how men who are diagnosed with transsexualism and undergo fertility preservation wish to build a family

Saturday, 13th April - 11:15: Social Sciences Session IIIb: Fertility (Bramante 11)

Felicitas Falck [1]***, Gabriela Armuand*** [2]***, Cecilia Dhejne*** [3]***, Kenny Rodriguez-wallberg*** [3]

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Background

Contemporary assisted reproduction techniques have extended possibilities beyond the normative heterosexual family, as the reproductive rights of LGBT individuals are increasingly being recognized. However research is still sparse. In Sweden transgender men, who were assigned female at birth, can undergo cryopreservation of oocytes after being diagnosed with transsexualism. No studies have investigated how men diagnosed with transsexualism experience wanting children and a family, nor the motivations behind the decision to undergo FP. To guide legal reform and clinical practice it is important to understand how these men experience the options of building a family when undergoing fertility preservation (FP).

Methods

Based on the research question: "How do transgender men experience the options of building a family when undergoing fertility preservation (FP)?" transgender men diagnosed with transsexualism undergoing cryopreservation of oocytes in Karolinska University Hospital in Stockholm, Sweden, were invited to participate in a prospective interview study. The interviews lasted 68-95 minutes, were digitally recorded and transcribed verbatim. Study inclusion started in May 2014 and continued until December 2015 when sixteen men (age 19-33) had participated, shortly after having undergone FP. The interviews focused on the plan of having children and motives behind undergoing FP. Data was analysed by using thematic content analysis.

Results and Conclusions

Results

The preliminary analysis resulted in one main-theme and three sub-themes. The main-theme: *Striving for self-determination:* describes how the desire to build a family was dependent and limited by biological and societal boundaries. This caused feelings of powerlessness, distress and bitterness, as laws and regulations prevented participants to reach life goals but also inspired activism.

The sub-theme: *Wanting a child on my terms*: concerns how the route to having children had to be adjusted to available possibilities as well as the importance placed on having a genetically related child. It describes how different methods to achieve parenthood were considered, such as carrying a pregnancy as a man, embryo donation to a partner, surrogacy or adoption as well as hopes for new fertility techniques.

The sub-theme *Masculinity* describes how participants navigate gender identity and masculinity as they imagine their future role as a parent and the role that FP plays in leaving femininity behind.

The sub-theme *Having gametes in the freezer* shows how the performance of FP had provided them with resources and opened options concerning future possibilities to have Children.

Conclusion

Men diagnosed with transsexualism who undergo FP find it important to have children but experience limited possibilities to achieve parenthood without the availability of embryo donation, surrogacy or adoption, which should

be considered in law reform. FP only gave them respite while waiting for such legal amendments. Participants commonly lacked information about the treatment options that were available to them including what fertility options that can be accessed abroad. They were reluctant to reveal their reproductive wishes and ask health care providers for information to avoid limiting their options further. There is a need to offer targeted reproductive counselling to transgender men to increase the relevance of services.

Trans masculine reproduction and the implications for health, law and ethics.

Saturday, 13th April - 11:30: Social Sciences Session IIIb: Fertility (Bramante 11)

Sally Hines [1]***, Ruth Pearce*** [1]***, Francis Ray White*** [2]***, Carla Pfeffer*** [3]***, Damien Riggs*** [4]***, Elisabetta Ruspini*** [5]

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Background

Coupled with technical advances around reproduction, changing attitudes and practices concerning gender diversity across legal, social and cultural realms, have allowed more equal access to fostering, adoption and assisted reproductive technology for some trans people in many countries in the West. Trans masculine pregnancy shows how shifts in gendered and intimate practices occur within changing social institutions and cultural understandings. Vice versa, such social and cultural transformations impact on how individuals live their gendered and intimate lives.

Drawing on initial data from an on-going qualitative research project funded by the UK Economic and Social Research Council (ESRC): 'Trans Masculine Pregnancy: An International Exploration of Trans Masculine Practices of Reproduction', this paper considers the questions trans male practices of pregnancy and birth raise for health, ethics and law. Using case studies from in-depth interviews with trans men who have become pregnant and given birth after gender transition in Europe, the US and Australia, the paper first explores the limitations of existing health and reproductive care for this population. The paper then moves on to examine gaps in legal provision for the recognition of trans masculine birth parents. In conclusion, the paper outlines the project's preliminary recommendations for future best ethical practice on trans reproduction.

Methods

One-to-one interviews with trans masculine people who have given birth or who are pregnant, and with health professionals, focus groups with young trans masculine people, film.

Results and Conclusions

The paper explores the limitations of existing health and reproductive care for trans masculine people who become pregnant and/or give birth. The paper examines gaps in legal provision for the recognition of trans masculine birth parents. In conclusion, the paper outlines the project's preliminary recommendations for future best ethical practice on trans reproduction.

Learning the needs of a new patient group: Health care professionals experiences of caring for transgender men undergoing fertility preservation by cryopreservation of oocytes

Saturday, 13th April - 11:45: Social Sciences Session IIIb: Fertility (Bramante 11)

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Background

In connection with a legislative change in Sweden 2013, where individuals diagnosed with gender dysphoria no longer had to undergo sterilization in connection with change of legal sex, transgender individuals were given the possibility to undergo fertility preservation (FP). Earlier research among transgender men show that FP may negatively impact gender dysphoria as the procedures are closely linked to female identified body parts. In addition, transgender individuals have repeatedly reported negative experiences of healthcare encounters, both within general health care as well as in reproductive care, where they have experienced discrimination and even been refused care. However, no studies were found investigating healthcare professionals' (HCP) experiences of caring for transgender men who undergo FP. The aim of this study was therefore to investigate HCPs experiences of meeting transgender men undergoing FP by cryopreservation of oocytes.

Methods

All HCPs working at an academic reproductive medicine clinic at a large university hospital in Sweden were invited to participate in the study; gynecologists, embryologists, midwifes and administrative staff alike. Inclusion criteria were having cared for at least one transgender man after the new patient group had been introduced at the clinic. The study were conducted between January and April 2016. In the end, 13 women and one man participated in a semi-structured interview lasting between 17 to 53 minutes (mean 34 min). The interviews covered two areas: The preparation, education and planning for the new patient group, and personal experiences of caring for transgender men undergoing cryopreservation of oocytes. The interviews were digitally recorded and thereafter transcribed verbatim and analyzed by thematic content analysis.

Results and Conclusions

The analysis resulted in identification of one main theme consisting of three sub-themes. The main theme, *How to maintain professionalism*, is about how the HCPs, through the three sub-themes —*The learning experience*, *Encounters with the patients* and *Modification of procedures*— learned the needs of the new patient group. Their professionalism was challenged as they were obliged to confront their preconceived opinions and cis-normative assumptions. Through a combination of new knowledge, experiences of meeting the transgender men and the adjustments of the FP procedures, the HCPs found ways of providing care for the transgender in a professional manner. The results demonstrate the difficulties that may arise when introducing a new patient group in an already established clinical routine workflow and how continued professional development is required to assess learning needs of HCPs. Importantly, addressing issues related to negative experiences in patient encounters as well as having open dialogue about the impact of personal values should be encouraged. The findings of the study provide an insight into what facilitators and barriers that may be present when introducing the new patient-group at a reproduction clinic; transgender men undergoing FP. This in turn may help other clinics to prepare for the patient group in order to

optimize the care.

Prostate cancer in trans women receiving hormone treatment

Saturday, 13th April - 11:00: Endocrinology Session III: New and original discoveries (Bramante 14)

Iris de Nie [1], ***Noëlle Valkenburg*** [1], ***Dennis van Dijk*** [1], ***Chantal Wiepjes*** [1], ***Christel De Blok*** [1], ***Garry Pigot*** [1], ***Koen Dreijerink*** [1], ***Norah Van Mello*** [1], ***Judith Huirne*** [1], ***Martin Den Heijer*** [1]

1. *VU Medical Center*

Background

Gender-affirming hormone treatment in trans women consists of estrogens and anti-androgens. In addition, trans women may undergo bilateral orchiectomy combined with vaginoplasty. This procedure does not involve prostatectomy. Activation of the androgen receptor plays an important role in prostate carcinogenesis. Due to the androgen deprivation, the relative risk of prostate cancer in trans women is likely to be reduced compared to the general male population.

This retrospective study aims to gain more insight into prostate cancer risk in trans women using gender-affirming hormone treatment.

Methods

We assessed clinical data of trans women from the Amsterdam Cohort of Gender dysphoria (ACOG). We included trans women who were treated at our clinic for at least one year between 1972 and 2018 with documented hormone treatment. Data were linked to the national Dutch pathology database.Age–adjusted standardized incidence ratios (SIRs) were calculated using the number of observed prostate cancer cases in the cohort and the expected cases based on reference incidence numbers from the Dutch Cancer Registry.

Results and Conclusions

The study population consisted of 2,433 trans women with a median person time of 15 years (IQR 7-25, range 0-64), the total person time was 41,815 years. Six prostate cancer case were identified resulting in a SIR of 0.1967 (95%CI 0.0797-0.4092). Prostate cancer risk appears to be significantly reduced in trans women. Our observations provide no basis for prostate cancer screening in trans women. However, physicians should be aware that prostate cancer does occur in this group. We plan to further validate our follow up time by using data on mortality obtained from Statistics Netherlands (CBS).

Digit Ratio 2D:4D Suggests a Role of Prenatal Testosterone in Gender Dysphoria

Saturday, 13th April - 11:15: Endocrinology Session III: New and original discoveries (Bramante 14)

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Background

The pattern of gender dysphoria (GD) rates across different Disorders/Differences of Sex Development suggests that high prenatal testosterone (T) levels in females and low prenatal T levels in males might contribute to GD. Here, we investigated if digit ratio 2D:4D, a marker of prenatal T effects is related to GD. In a large Iranian sample, we compared 2D:4D in trans women and trans men against controls with the same sex assigned at birth. We then conducted random-effects meta-analyses of relevant studies (k=6, N=925 for trans women and k=6, N=767 for trans men). In line with the hypothesized prenatal T effects, trans women showed significantly feminized 2D:4D (d≈0.24). Conversely, trans men showed similarly masculinized 2D:4D (d≈-0.28); however, large unaccounted heterogeneity across studies emerged, which makes this effect less meaningful. We discuss implications of our results for the status of 2D:4D as a means to study prenatal T effects and for our understanding of GD.

Methods

2D:4D in a Sample of Iranian Transgender people

Participants. Between January 2015 and December 2016, 203 individuals diagnosed with GD were consecutively referred to the Transgender Studies Centre, at Mashhad University of Medical Sciences, in Mashhad, Iran. The diagnostic process of GD was largely based on the Standards of Care, version 7 of the World Professional Association of Transgender Health (WPATH) (Coleman et al. 2011).

2D:4D measurement. The palmar surface of the right and left hand of all participants was photocopied. Participants stretched their fingers and applied minimal pressure to the glass plate. All 2d and 4d lengths were then measured with digital vernier callipers from the digit tip to the middle of its most proximal crease.

Meta-analysis of 2D:4D in Transgender people

We used d as our effect size measure. As in our Iranian study, positive effect sizes indicate higher average 2D:4D in trans people than in controls of the same sex assigned at birth (expected in trans women), whereas negative effect sizes indicate lower average 2D:4D in trans people (expected in trans men).

Results and Conclusions

Iranian Study

For all sex assigned at birth × hand combinations, results were in the predicted direction, i.e. compared to controls, trans men had on average masculinized (lower) 2D:4D (which we express as a negative Cohen's d) and trans women had feminized (higher) 2D:4D (positive d). However, a statistically significant difference emerged only for trans women's right hand, $t(143)=2.4$, $p=.016$, which was small-to-medium in size (d=0.43).

Meta-analysis

For trans women, a clear pattern emerged. In line with our hypothesis, trans women showed feminized (higher) 2D:4D. The effect was small, but consistent across studies and across both hands. For trans men, the evidence was more tentative: In both hands, trans men showed masculinized (lower) 2D:4D, and the average effects were slightly stronger than for trans women.

Our results suggest that weak prenatal T effects in males assigned at birth contribute to GD risk. The meta-analyses tentatively suggest that strong prenatal T effects in females assigned at birth increase GD risk under circumstances yet to be identified.

Testosterone and X chromosome number associate with the type 1 interferon response in transgender young people.

Saturday, 13th April - 11:30: Endocrinology Session III: New and original discoveries (Bramante 14)

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Background

Cisgender females have a stronger immune response than males, but are more prone to autoimmune disease, such as juvenile systemic lupus erythematosus (jSLE). It is unclear whether this is due to hormonal or chromosomal differences between the sexes. It has been impossible to separate the effects of hormone or chromosome in humans previously. Interferon alpha (IFNα) is a potent anti-viral cytokine, produced by plasmacytoid dendritic cells (pDC) that is also important in SLE and viral infections. We sought to investigate whether females had different IFNα response than males, and whether this was influenced by cross sex hormone therapy in transgender volunteers.

Methods

Blood was collected, with informed consent, from healthy, cisgender volunteers (n=110, age=6-18); volunteers with Turner's syndrome (n=9, age=13.8-19.6) and transgender volunteers (n=27, age=17.3-19.5) undergoing pubertal blockade and cross-sex hormone treatment. Clinical data and puberty self- assessment were recorded. Peripheral blood mononuclear cells were separated by Ficoll gradient centrifugation. Cells were stimulated with TLR7 agonist, R848, or TLR9 agonist, CpGODN2216, before assessing for the production of IFNα by pDC by flow cytometry. Serum testosterone and oestradiol were measured by high performance liquid chromatography/mass spectrometry. Statistical analysis was performed using SPSS.

Results and Conclusions

In healthy, cisgender volunteers only, females had, on average, 8.3% more pDC producing IFNα after TLR7 (R848) stimulation than males after correcting for pubertal phase (p=0.008). In addition, post pubertal volunteers had on average 6.5% more pDC producing IFNα after R848 stimulation after correcting for sex (p=0.039). There were no significant sex (p=0.535) or pubertal (p=0.162) differences in the percentage of pDC producing IFNα in cisgender volunteers after cells were stimulated with TLR9 agonist (CpG). When transgender young people were compared to cisgender young people, (ANOVA with Bonferroni post- hoc test), there was a lower percentage of TLR7 induced IFNα-producing pDC in transgender males (birth female-two X chromosomes; high testosterone) compared to cisgender females (mean difference=15.23; p=0.018; 95% CI=1.75-28.72) and transgender females (birth males-one X chromosome, low testosterone) when compared to cisgender males (mean difference=17.41; p=0.047; 95% CI=0.16-34.66). When Turner's and transgender volunteers were included in a regression model, if two X chromosomes were present, there was on average 12.41% more pDC producing IFNα after R848 stimulation (p=0.003) compared to if one X was present. The model included a significant association between the percentage of pDC producing IFNα after TLR7 stimulation and serum testosterone (p=0.008) and a significant interaction term between X chromosome number and serum testosterone (p=0.002).

Conclusion

We have shown that females produced more IFNα after TLR7 stimulation than males, and that this associated with

pubertal development. Regardless of sex hormones, possessing two X chromosomes associated with a higher TLR7 induced pDC IFNα production. Serum testosterone concentration associated with the TLR7 mediated IFN response differently in transgender young people, depending on the number of X chromosomes present. These novel insights are important in the understanding of sex based differences in the anti-viral immune system, for transgender young people and young people with sex based immune disease like jSLE .

Sexual desire in transgender persons: linked to gender affirming hormone therapy? Results from ENIGI

Saturday, 13th April - 11:45: Endocrinology Session III: New and original discoveries (Bramante 14)

Justine Defreyne [1], ***Baudewijntje Kreukels*** [2], ***Guy T'Sjoen*** [3], ***Annemieke Staphorsius*** [2], ***Martin Den Heijer*** [2], ***Gunter Heylens*** [1], ***Els Elaut*** [1]

1. *Ghent University,* ***2.*** *VU Medical Center,* ***3.*** *Uz Gent*

Background

Sexual health is an important element of general health, although often underexposed, also by healthcare professionals providing gender affirming care for transgender people. Several steps in the transitioning process may affect sexual desire, including gender affirming hormones and chest and/or genital gender affirming surgery. Testosterone therapy in TM generally leads to increasing frequency of desire, masturbation, sexual fantasies and arousal. Studies in TW are inconclusive: some report an increase in the prevalence of hypoactive sexual desire after initiation of hormone therapy, whereas others have shown a positive impact of hormonal therapy on sexual quality of life in both TM and TW.

Methods

This prospective cohort study was part of the European Network for the Investigation of Gender Incongruence (ENIGI). Sexual desire was prospectively assessed in 766 participants (401 transgender women (TW), 364 transgender men (TM)) by Sexual Desire Inventory (SDI) during a three-year follow-up period, starting at the initiation of hormone treatment (HT). At baseline, psychological questionnaires were administered. Sex steroids were measured at each follow-up visit. Data were analyzed cross-sectionally andprospectively.

Results and Conclusions

Baseline total SDI scores were comparable in TW and TM (39.0 [23.0 – 54.5] versus 40.0 [17.0 – 52.0], P=0.342. In TW, total SDI scores decreased from 39.0 [23.0 – 54.5] (baseline) to 33.0 [16.3 – 49.8] after 12 months (-4.77, P<0.001), returning to scores comparable to baseline after 18 (P=0.152) months (P=0.114). After 36 months, total SDI scores were higher than baseline scores (51.5 [39.5 – 61.0], P=0.003). In TM, total SDI scores increased from 40.0 [17.0 – 52.0] at baseline to 55.0 [40.5 – 67.0] (+14.61, P<0.001) after 12 months, 48.0 [37.3 – 60.0], remaining stable over the following year and returning to scores comparable to baseline scores (58.0 [23.0 – 62.0], P=0.250) after 36 months.
People with a partner reported higher total SDI scores at baseline (P<0.001), month 3 (TW: P=0.004, TM: P=0.038) and month 12 (TM only: P=0.005). Scores for negative affect (PANAS) were positively correlated to total SDI scores in TW at baseline (ρ=0.202, P<0.001) and after 3 months (ρ=0.240, P<0.001). Scores for positive affect were positively correlated to total SDI scores in TM at baseline (ρ=0.194, P<0.001) and after 3 months (ρ=0.240, P<0.001) and in TW after 12 months (ρ=0.228, P<0.001). TW with lower levels of self-reported gender dysphoria (Utrecht Gender Dysphoria Scale) had higher total SDI scores at baseline (ρ=0.336, P=0.002).
Prospective changes in scores for the different SDI factors were not influenced by prospective changes in serum levels of testosterone and/or oestradiol in both TM and TW. Lower baseline levels of gender dysphoria (Utrecht Gender Dysphoria Scale) were correlated to a higher prospective increase in total SDI scores in TM after 12 months of HT (ρ=-0.355, P<0.001).
Sexual desire scores vary largely, with so far unexplained differences over the third year of hormone therapy. We observed no correlation between sexual desire and absolute serum testosterone levels. However, other factors,

including relationship status, gender dysphoria and positive and negative affect may influence sexual desire in transgender people.

At the Cutting Edge: Non-Binary Voice – towards a new terminology and understanding of voice and communication therapy for non-binary people

Saturday, 13th April - 11:00: Voice Session III: Transgender men and non-binary people (Bramante 12)

Matthew Mills [1], ***Gillie Stoneham*** [1], ***Carys Bracken*** [2], ***Nicola Gorb*** [1], ***Skye Davies*** [3]

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Background

Referral rates for non-binary people seeking treatment for gender dysphoria have significantly increased in the UK since 2016; so too have referrals of non-binary people requiring voice and communication therapy. A clinical audit of non-binary people referred to 'Charing Cross' Gender Identity Clinic speech and language therapy service between April 2017 and August 2018 was conducted in order to better understand service user voice and communication needs. There is a drastic paucity in the literature regarding non-binary voice and communication, and current clinical-research language is often enmeshed with unconscious bias assumptions based on binary concepts of gender, vocal and communicative expression. This audit contributes to documenting more accurate descriptors of this population, their voice and communication therapy objectives and the associated interventions used with this group.

Methods

Patient NHS electronic records of core psychological and psychiatric assessment and follow up appointments, speech and language therapy assessment and therapy appointments, correspondence and clinical notes were searched using a discrete inventory of terms (non-binary, genderqueer, trans masculine, trans feminine, bi-gender, a-gender, gender diverse) to locate patients who identify as non-binary or experience themselves in non-binary ways and who have commenced voice and communication exploration. Data was anonymised, coded and analysed using descriptive statistics and thematic analysis.

Results and Conclusions

37 patients met the inclusion criteria, of which 20 (54.1%) self-identified unequivocally as non-binary, and 17 (45.9%) as gender fluid, or experiencing self in non-binary ways. Mean age of patients was 29.6 years (SD 7.09) ranging from 18-45 years; a mean of 3 (SD 1.27) speech and land language therapy sessions were received by individuals (with a range of 1- 4 sessions); 45% attended voice group programmes in addition. Themes of therapy goals ranged from exploring voice, finding confidence, discovering maverique voice, queering voice, reducing/increasing/approaching masculine-perceived or feminine-perceived vocal features. Therapeutic interventions used ranged from vocal parameter mechanics (pitch, resonance, intonation, loudness, voice quality, breath support), electroglottographic vocal measurement, monitoring and voice care, to vocal situation and social communication focus, presence and personal impact, and assertiveness development. Psychological approaches were used, such as Solution Focussed Brief Therapy, Mindfulness, ACT, and Narrative Therapy, to support goal setting and self-efficacy, change process in terms of vocal identity, and develop self-esteem, relationships and social skills. A proposed system of classifying therapy focus according to laryngeal dimension emerged from a need to overhaul current clinical practice and move to greater non-binary affirmation by avoiding birth assigned descriptors. VFT^{+t} (vocal folds and tract grown significantly with androgens in adolescent puberty affecting pitch and resonance);

VFT(vocal folds and tract not grown significantly with androgens in adolescent puberty affecting pitch and tone) *VFT+t* (vocal folds and tract not grown significantly with androgens in adolescent puberty affecting pitch and tone, now commenced on testosterone). The audit identifies therapy needs of and interventions used with this group, and makes recommendations for reflexive trans affirmative practice and terminology which challenges heterocis-normative assumption in vocal and communicative descriptors. It also locates need for more research into patient personal vocal authenticity, and correlation of vocal parameters to satisfaction.

A Voice and Communication Program for Transgender and Gender Expansive Pediatric Clients

Saturday, 13th April - 11:15: Voice Session III: Transgender men and non-binary people (Bramante 12)

Nathan Waller [1], ***Sarah Penzell*** [1]

1. *Northwestern University*

Background

Clinical services across multiple disciplines including psychology, social services, surgery, endocrinology as well as speech-language pathology have been available for the transgender population for several decades. Significant advances have been made to help individuals transition in a healthy and affirming way. Advances in medication, psychology and surgery continue to be developed, improved and made more accessible. In the field of speech-language pathology, we are also developing our role as service providers using evidence-based practice in our work in the management of voice and communication.

However, when completing a systematic literature review of current clinical practice, there is a paucity of research pertaining to the treatment of adolescent transgender individuals. Given that culturally we are seeing a rise in adolescents coming out as transgender or gender diverse, there is a need for additional research and resources for speech-language pathologists to provide the most efficient and thoughtful care for this population.

In addition to lack of published research, we are also challenged with this population's laryngeal development. Pubertal changes include increases in testosterone and estrogen which confound the difficulty and the special considerations when working with these voices. An understanding of pubertal changes that coincide with hormone therapy (estrogen, progesterone, anti-androgens, androgens and anti-estrogens) is essential for the speech-language pathologist when aiding an individual in voice modification.

Challenges increase when providing services for transgender voice and communication in a group setting. Groups may include a wide spectrum of ages, personal goals, co-ed environments, and a variety of vocal ranges and attributes. In addition, the challenges of working with adolescents should be considered.

It is essential that clinicians take into consideration cultural competency before pursuing work, whether individually or in a group, with this population. Cultural competency includes: gender attribution/discrimination, coming out, bullying, racial and cultural diversity and cultural considerations of masculine communication versus feminine communication.

In addition to biological and cultural understanding, this course will include the organization and execution of assembling an adolescent group program. The model discussed is for a 7-week program, but the format is certainly adaptable. Screening participants, class structure, goal tracking and long term planning is discussed in addition to evidence-based therapy practices that have been modified to the treatment of this population. These include vocal hygiene practices, respiratory retraining, rate and volume, resonance, pitch modification and language (semantics/syntax, pragmatics and non-verbal communication).

Methods

This is not a presentation on an existing research study.

Results and Conclusions

This is not a presentation on research.

Thyroplasty type III to lower the vocal pitch in trans men

Saturday, 13th April - 11:30: Voice Session III: Transgender men and non-binary people (Bramante 12)

Charlotte Bultynck [1]***, Marjan Cosyns*** [1]***, John Van Borsel*** [1]***, Katrien Bonte*** [1]

1. *Ghent University*

Background

Most trans men develop an acceptable male voice after long-term testosterone therapy. However, difficulties in lowering the fundamental frequency (F0) can be expected in about 10% of trans men after cross-sex hormone therapy (CSHT). Research on possibilities and results of phonosurgery in trans men who are not satisfied with their voice is virtually non-existent.

The aim of this study was to examine the effect of the Isshiki thyroplasty type III (TP III) in trans men.

Methods

From October 2002 to September 2015 ten trans men, unsatisfied with their voice, underwent phonosurgery at the department of head, neck and maxillofacial surgery in UZ Ghent. An Isshiki TP III was performed to lower the F0. Pre- and postoperatively an evaluation of the voice took place.

Results and Conclusions

The F0 dropped significantly from the preoperative mean of (154.60 +/- 12.294) Hz to the postoperative mean of (105.37 +/- 10.522) Hz. The difference was statistically significant ($t=9.821$, $P<0.001$).

We conclude that TP III is effective for lowering the F0 in trans men who are not satisfied with their voice after CSHT.

National Swedish quality register for transgender health. Data from people assigned female at birth registered by speech and language pathologists

Saturday, 13th April - 11:45: Voice Session III: Transgender men and non-binary people (Bramante 12)

Ulrika Nygren [1], ***Maria Södersten*** [1]

1. *Karolinska Institutet, Department of Clinical Science, Intervention and Technology, Division of Speech and Language Pathology and Karolinska University Hospital, Functional Area Speech & Language Pathology*

Background

In Sweden there is a tradition of using National Quality Registers in healthcare. In 2013 the planning of a National Quality Register for the transgender population started. An interdisciplinary steering group, including a user patient representative, has been working to develop infrastructure for data collection and questionnaires together with the Register Center South. Data includes information from assessments, different gender-confirming treatments and lifelong follow-up regarding quality of life. The speech language pathologists (SLP) were the first professional group to start registering data in 2017. During the first year, information was collected from 190 registrations from six SLP-units related to gender teams at University hospitals. The patient participation is voluntary. The purpose of the presentation is to give overall information about data recorded so far for the people assigned female at birth (AFAB).

Methods

It is possible to collect data at the first visit to the SLP, after voice therapy and at follow-up and for AFAB during hormonal treatment up to 12 months. Information regarding waiting time from referral by the psychiatrist in the gender team to the first the visit to the SLP, patient's assigned sex at birth, diagnosis for gender incongruence, hormonal treatment, background factors relevant for voice use such as employment, vocal load, hearing and previous voice training were registered. Furthermore information about recording routines in the voice clinic and computer programs used for acoustic analyses were collected as well as results from questionnaires and acoustic analysis.

Results and Conclusions

Preliminary results show that 90 patients AFAB of a total of 98 were registered at a first SLP visit. In this abstract we will present data from the first visit. There was a large variation regarding waiting time after referral from the psychiatrist to the first visit to the SLP: 1 to 10 months. Eighty five of the patients were diagnosed with Transsexualism (F64.0) according to ICD-10, for three patients a gender incongruence diagnose was not yet confirmed and for 12 patients either "Other gender identity disorder" (F64.8) or "Gender identity disorders, unspecified" (F64.9) were confirmed. Eighty one of the 90 patients were recorded in a sound treated booth according to clinical routine. Mean fundamental frequency (f_o), of habitual speaking voice, for the group was 176 Hz (range: 95 to 231 Hz) and for f_o mode the mean value was 167 Hz (range: 88 to 326 Hz). Thirty five of 90 had started hormonal treatment with testosterone at the first visit. In conclusion there is a large variation regarding waiting time from referral to first visit and it will be of interest to see if there are regional differences. There will be of great interest to compare data from first SLP visit to data at follow up and end of voice therapy and/or during hormonal treatment, when more data are available.

Gender affirmation surgery for gender dysphoria: Systematic review on benefits and risks

Saturday, 13th April - 11:00: Surgery Session II: Surgical session (Bramante 15)

Konstantinos Georgas [1]***, Ulrika Beckman*** [2]***, Inger Bryman*** [3]***, Anna Elander*** [1]***, Lennart Jivegård*** [4]***, Ellenor Mattelin*** [3]***, Teresa Olsen Ekerhult*** [5]***, Josefine Persson*** [4]***, Lars Sandman*** [6]***, Ida Stadig*** [4]***, Ulla Vikberg Adania*** [7]***, Annika Strandell*** [4]***, Gennaro Selvaggi*** [1]

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Background

Gender dysphoria (or transsexualism) denotes individuals with a persistent cross-gender identification and discomfort with their anatomical sex, manifesting the necessity of removing one's sex characteristics, or the perception of being born in the wrong sex. Gender affirmation surgery (GAS) aims in affirming the patient's self-perceived gender, and includes genital, facial and body procedures. Currently there is no systematic review assessing the quality of the studies previously performed on this topic.

The objective was to study the effect of GAS on: 1. patients' quality of life (QoL); 2. patients' satisfaction with the surgery; 3. frequency of regret; 4. frequency and extent of complications.

Methods

The PRISMA protocol was followed. During January 2018 two of the co-authors performed systematic searches in PubMed, Embase, the Cochrane Library, PsychInfo and Human Technology Assessment databases: the obtained abstracts have been independently assessed by all the co-authors, and selected for inclusion as full-text articles. Final inclusion was decided by consensus according to well defined PICO criteria. The quality of comparative studies was assessed. Data were extracted by at least two authors.

Results and Conclusions

The literature search resulted in 70 observational studies. Outcomes were grouped by type of gender affirmation. There were few comparative studies and most of those were hampered by selection bias. The certainty of evidence for the benefits of genital, facial and body gender affirmation surgery is generally very low (GRADE□OOO). It is uncertain if GAS improves the patient quality of life (QoL) (GRADE□OOO). Patients are generally very satisfied after surgery, although the certainty of evidence of patient satisfaction is low (GRADE □□OO). None of the included studies reported regret after GAS. The complications extent and frequency vary depending on the GAS procedure. Major surgical complications are frequent after *genital* gender affirmation surgery (GRADE□□□O).

Conclusions: The included literature contains only observational studies of mostly poor quality; data from long-term follow-ups are lacking. Patients usually value the effects of the interventions highly, in spite of the lack of long-term follow-ups. Gender affirmation surgery needs to be performed within systematically research projects in order to improve the knowledge about benefits and risks.

Testosterone and breast cancer in trans men: case reports, review of literature and clinical observation

Saturday, 13th April - 11:15: Surgery Session II: Surgical session (Bramante 15)

Sara Tanini [1]***, Alessandra Daphne Fisher*** [2]***, Jiska Ristori*** [2]***, Mario Maggi*** [3]***, Giulia Lo Russo*** [1]

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Background

Trans men describes individuals assigned female at birth but who later in life identify and live as men. Many, but not all transgender people, seek a social or a somatic transition in order to alleviate the significant distress (called gender dysphoria) resulting from the incongruence between the body and the gender identity. Somatic interventions - aimed at aligning the body with the perceived gender - may include a treatment with testosterone as well as the creation of an aesthetically pleasing male chest. These two steps play a crucial role for many trans men in alleviating the experienced sufferance. Limited information exists regarding breast health in the transgender population. The incidence of breast cancer in trans men is very rare and only a few cases were described in the literature. Nonetheless, a correlation between high dosage of testosterone and risk of breast cancer has been postulated. This is a very important issue within the health care of transgender people.

Methods

Our experience is on 100 transmen that underwent top surgery to create an aesthetically pleasing male chest. Only in two of them we identified breast cancer. The first diagnosis was before top surgery, the second one as an occasional histological finding. In both cases a double incision mastectomy with nipple areola complex have been performed. Our cases have some common characteristics with those described in the literature: young age, BC hormone receptor positive status and BC family history. Both cases here described are in a quite uncommon age range (between thirty and forty).All individuals have family histories of BC but did not have prophylactic mastectomy while receiving hormonal manipulation.

Results and Conclusions

No complications occurred with complete healing of the grafts and excellent aesthetic result.

It is important to bear in mind all the complex relationships between testosterone therapy and breast cancer. It is necessary to inform transgender persons who have not yet undergone to top surgery about the potential risk of developing a breast cancer, about the importance to select the most appropriate surgical technique according to the patient's risk and preferences and to perform an accurate post- operative surveillance. A multidisciplinary approach to these patients is strongly recommended, and large database creation and networking is warranted.

Gender affirming surgery in transgender men in the Netherlands from 1989 to 2018: a sign of the times

Saturday, 13th April - 11:30: Surgery Session II: Surgical session (Bramante 15)

Muhammed Al-tamimi [1], ***Wouter Van Der Sluis*** [1], ***Marlon Buncamper*** [1], ***Garry Pigot*** [1], ***Mark-Bram Bouman*** [1]

1. *Amsterdam UMC, location VU University Medical Center*

Background

Some transgender men express their wish to undergo Genital gender Affirming Surgery(GAS). Transgender men generally report an improved quality of life and satisfactory sexual function after GAS, e.g., phalloplasty and metoidioplasty. During the last decades the surgical options given to transgender men has been a reflection of the trends in reconstructive flap advances as well as the trend towards patient centered decision making. Starting from the metoidioplasty to the free radial fore arm flap and now numerous combinations of flaps including the superficial circumflex iliac artery perforator (SCIP) flap. Treatment of the trans man has evolved from a standardized approach to a patient centered approach with multiple surgical options. Genital GAS in the Netherlands is done in a single-center; the VU University Medical Center, ideally placing it as a marker for trends.

Methods

Retrospective analysis of medical records of all transgender men who underwent genital GAS from January 1989 to January 2018 at the VU University Medical Center, Amsterdam, The Netherlands.

Results and Conclusions

Results: Four hundred transgender men underwent GAS. Metoidioplasty (MET) was performed in 219 (55%) patients, 186(85%) of whom underwent urethral lenghtening. Phalloplasty was performed in 179 (45%) patients, 144(80%) underwent urethral lenghtening. As shown in Figure 1 the following flaps were used for phalloplasty reconstruction: 76 (42%) free radial forearm flap (FRFF), 55 (31%) anterolateral thigh (ALT) flap, 21(12%) SCIP flap , 17 (9%) abdominal flap (AF), 7(4%) lateral upper arm flap (LUAF), 2(2%) fibula flap (FF). From the 179 patients that underwent phalloplasty, total flap failure occurred in 10(5.5%) patients. The choices offered to the patients has grown from one simple option, the metoidioplasty, to a choice out of a combination of nine flaps. **Conclusion:** Genital gender affirming surgery in transgender men at the VU University Medical Center has developed over time in accordance with the reconstructive surgical innovations, this is especially seen in the surgical options of transgender men. As the options abound so has the guidance of the transman in their decision making process changed to a more patient centered process in order to achieve the best standards of care .

Scrotal reconstruction technique in transgender men undergoing gender affirming surgery without urethral lengthening.

Saturday, 13th April - 11:45: Surgery Session II: Surgical session (Bramante 15)

Garry Pigot [1], Muhammed Al-tamimi [1], Wouter Van Der Sluis [2], Müjde Ozer [1], Brechje Ronkes [3], Mark-Bram Bouman [1]

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Background

One of the primary goals of genital gender affirming surgery (GAS) in transgender men is to create an external genital resembling the biological male external genital with corresponding sexual and voiding function. Transgender men who underwent genital GAS report an improved quality of life and satisfactory sexual function. Albeit, in case of genital GAS with urethral lengthening, with the aim to void while standing, significant complications have been reported (e.g. urethral strictures and urethral fistulae). These complications frequently lead to multiple surgical corrections , not infrequently leading to additional distress. Therefore, in the VU University Medical center, we offer the option to undergo genital GAS without urethral lengthening resulting in a much lower complication rate. Historically, different techniques have been described to reconstruct the scrotum in transgender men. Although the reconstruction of the scrotum is traditionally combined with the creation of the fixed part of the neo urethra and additional lengthening of the urethra. In transgender men who opt for genital GAS without urethral lengthening we modified the scrotal reconstruction technique as originally described by Selvaggi et al.

Objective: To describe our scrotal reconstruction technique in transgender men undergoing genital GAS without urethral lengthening.

Methods

The technique consists of a caudally based bi-pedicled horseshoe flap (consisting of pubic, clitoral and cranial part of the labia majora skin) and cranially based bilateral labia majora transposition flaps. The latter are rotated 90 degrees medially to bring the neo-scrotum in front of the legs. Bilateral pedicled labia majora fat pads (LMFP) are released cranially and positioned in the neo-scrotum to achieve more bulkiness. An inconspicuous urogenital orifice is created underneath the scrotum placed in the lengthened perineum.

Results and Conclusions

Our technique results in a neo-scrotum with increased bulkiness, minimal visible scars, a proper neo-perineum length.

Conclusion: Scrotal reconstruction in transgender men without urethral lengthening using a 'horseshoe' bi-pedicled pubic flap, LMFP and cranially based bilateral labia majora transposition flaps results in a neo-scrotum that resembles the biological scrotum closely in terms of bulkiness, size, shape and anatomical position.

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